

STATE OF NEW JERSEY

FOR STATE USE ONLY

Local Registrar File No.

For instructions, see reverse side of last copy.

Place

1. FULL NAME OF SPOUSE A (List name given at birth or on birth certificate/Maiden name)		[REDACTED]	
2. FULL NAME OF SPOUSE B (List name given at birth or on birth certificate/Maiden name)		[REDACTED]	
3. PLACE OF MARRIAGE (MUNICIPALITY AND COUNTY)		4. DATE OF MARRIAGE	
5a. PRINTED NAME OF PERSON PERFORMING CEREMONY		5b. SIGNATURE OF PERSON PERFORMING CEREMONY	
5c. TITLE ADDRESS		5d. CITY STATE ZIP CODE	
6a. PRINTED NAME OF WITNESS		6b. SIGNATURE OF WITNESS	
6c. ADDRESS		6d. CITY STATE ZIP CODE	
7a. PRINTED NAME OF WITNESS		7b. SIGNATURE OF WITNESS	
7c. ADDRESS		7d. CITY STATE ZIP CODE	
8a. SIGNATURE OF LOCAL REGISTRAR		8b. DATE RECEIVED	

MARRIAGE LICENSE

License No. [REDACTED]

9a. DATE OF APPLICATION	9b. TIME OF APPL. [] AM [X] PM	9c. PLACE OF APPLICATION - Municipality	
10a. DATE LICENSE ISSUED	10b. TIME LIC. ISSUED [] AM [] PM	11. EXPIRATION DATE County	
12a. PRINTED NAME OF LOCAL REGISTRAR		12b. SIGNATURE OF LOCAL REGISTRAR	
13a. FULL NAME OF APPLICANT A		22a. FULL NAME OF APPLICANT B	
13b. RESIDENCE ADDRESS		13c. COUNTY	22b. RESIDENCE ADDRESS
13d. MUNICIPALITY OF RESIDENCE, STATE		22d. MUNICIPALITY OF RESIDENCE, STATE	
14a. DATE OF BIRTH	14b. AGE	15. SEX	16. BIRTHPLACE
23a. DATE OF BIRTH	23b. AGE	24. SEX	25. BIRTHPLACE
17. CURRENT DOMESTIC STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced Domestic Partner: <input type="checkbox"/> Current or <input type="checkbox"/> Former <input type="checkbox"/> Widowed <input type="checkbox"/> Annulled Civil Union Partner: <input type="checkbox"/> Current or <input type="checkbox"/> Former			
26. CURRENT DOMESTIC STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced Domestic Partner: <input type="checkbox"/> Current or <input type="checkbox"/> Former <input type="checkbox"/> Widowed <input type="checkbox"/> Annulled Civil Union Partner: <input type="checkbox"/> Current or <input type="checkbox"/> Former			
18a. NO. OF TIMES EVER MARRIED	18b. NAME OF MOST RECENT SPOUSE, IF ANY (List name given at birth or on birth certificate)		27a. NO. OF TIMES EVER MARRIED
19a. NO. OF TIMES EVER IN CIVIL UNION	19b. NAME OF MOST RECENT PARTNER, IF ANY (List name given at birth or on birth certificate)		28a. NO. OF TIMES EVER IN CIVIL UNION
20a. PARENT'S FULL NAME AT BIRTH		20b. BIRTHPLACE	29a. PARENT'S FULL NAME AT BIRTH
21a. PARENT'S FULL NAME AT BIRTH		21b. BIRTHPLACE	30a. PARENT'S FULL NAME AT BIRTH
		29b. BIRTHPLACE	30b. BIRTHPLACE

REG-23X
REG-24X
NOV 16
H5796

• PERMANENT RECORD COPY 2 - ORIGINAL SIGNATURES REQUIRED •

Date Issued: [REDACTED]

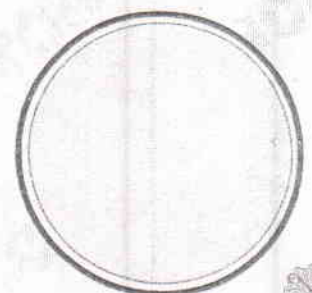
Issued By: [REDACTED]

This is to certify that the above is correctly copied from a record on file in my office.

Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

Vincent T. Arrisi

Vincent T. Arrisi
State Registrar
Office of Vital Statistics and Registry



REG-42A
JUN 14



THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD; VOID IF ALTERED

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK HOLD AT LIGHT TO VERIFY