

Instructions for Marriage/ Civil Union Applicants

Please allow a minimum of 2 -3 weeks prior to your intended date of ceremony for scheduling

Complete page 1 of "Application for Marriage/Civil Union License" (www.townshipofflower.org, form center)

Email the following information to the Registrar: Amy – Abelasco@townshipofflower.org

1. Completed application form, page 1 only
2. Valid identification documents for both applicants
3. Proof of divorce with docket number, OR death certificate - if previously married
4. If using an Online Officiant, Family Member or Friend, please submit copy of their certification.

Both applicants and witness must be 18 years of age or older

Each applicant must supply valid identification that establishes name, age, date of birth and proof of residency. This may be supplied by one or more documents issued by a government agency, such as a driver's license, military identification, passport or state/county identification card.

Any documents in a foreign language must be accompanied by a certified English translation.

Once all documents are received, the registrar will review the information and reach out to schedule an appointment to complete the application process in person.

What should you bring with you when you apply?

Required documents when applying for a marriage license:

1. Proof of identity by presenting your driver's license, passport or state/federal ID
2. Proof of your residency
3. Your social security card or social security number*
4. A witness, 18 years of age or older with a valid ID
5. \$28, exact Cash or Check payable to Lower Township

*Social security number is required by law for U.S. citizens and will be kept confidential

For questions please call 609-886-2005

New Jersey Department of Health
APPLICATION FOR LICENSE

MARRIAGE

REMARRIAGE

CIVIL UNION

REAFFIRMATION OF CIVIL UNION

(PLEASE PRINT OR TYPE)

DECLARATION OF APPLICANT A (Giving false information constitutes perjury.)		DECLARATION OF APPLICANT B (Giving false information constitutes perjury.)	
1. Name (First, Middle, Last) (List name given at birth or on birth certificate/Maiden name)		1. Name (First, Middle, Last) (List name given at birth or on birth certificate/Maiden name)	
Street Address (Current Legal Residence) (See Note 1)		Street Address (Current Legal Residence) (See Note 1)	
County		County	
Municipality of Residence (See Note 4) State		Municipality of Residence (See Note 4) State	
Zip Code		Zip Code	
1a. Current Name (if different)		2. Date of Birth	
1a. Current Name (if different)		2. Date of Birth	
3. Birthplace		3. Birthplace	
4. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Undesignated/ Non-Binary		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Undesignated/ Non-Binary	
5. Age (See Note 2)		5. Age (See Note 2)	
6. Domestic Status (at this time) (See Notes 3 and 5)		6. Domestic Status (at this time) (See Notes 3 and 5)	
Date		Place	
<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Current Domestic Partner <input type="checkbox"/> Former Domestic Partner <input type="checkbox"/> Current Civil Union Partner <input type="checkbox"/> Former Civil Union Partner		<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Current Domestic Partner <input type="checkbox"/> Former Domestic Partner <input type="checkbox"/> Current Civil Union Partner <input type="checkbox"/> Former Civil Union Partner	
For Remarriage to the same spouse, or Reaffirmation of Civil Union to the same partner, enter date and place of original ceremony:			
<input type="checkbox"/> Marriage <input type="checkbox"/> Civil Union		Date _____ Place _____	
<input type="checkbox"/> Marriage <input type="checkbox"/> Civil Union		Date _____ Place _____	
7a. Enter number of times ever Married (if applicable):	7b. Name of Most Recent Spouse (if any) (List name given at birth or on birth certificate/Maiden name):		
8a. Enter number of times ever in a Civil Union (if applicable):	8b. Name of Most Recent Civil Union Partner (if any) (List name given at birth or on birth certificate/Maiden name):		
9a. Parent's Full Name at Birth		9b. Birthplace	
10a. Parent's Full Name at Birth		10b. Birthplace	
11. Are you related to Applicant B? If "YES," how?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Are you related to Applicant A? If "YES," how?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
INFORMATION TO BE COMPLETED BY EITHER APPLICANT			
12. In which Incorporated Municipality in New Jersey do you intend for the ceremony to be performed? (See Note 4)		13. Intended Date of Ceremony	
		14. Telephone Number where either applicant can now be reached:	
15. Name and mailing address of person who is to perform the ceremony:		16. Mailing Address where you may be reached after the ceremony:	

(See Notes on Page 2)

Continue with Declaration of Identifying Witness and Oath.

