

Town of Hammonton
Marriage Application Procedure
100 Central Avenue, Hammonton, NJ

Office hours:

Monday - Friday 9:00 – 4:00

BY APPOINTMENT ONLY

(609) 567-4300 ext 105 or email townclerk@townofhammonton.org

Applicants may apply in the municipality in which either applicant resides, and then they may be married in any municipality in New Jersey. Your marriage license will be on file in the municipality in which you are married.

If neither applicant resides in New Jersey, please make application in the municipality in which you will be married.

BEFORE APPLYING

YOU MUST HAVE A DATE SET AND SOMEONE TO PERFORM CEREMONY!!!! Or we cannot issue a marriage application to you.

You need only one witness, 18 or older, to make application. The witness can be a friend or family member and does not have to be the witness that will stand for you at the wedding. If both applicants cannot appear in Registrar office at the same time, one applicant may start the process and the 2nd applicant may appear at a later date as long as you bring the same witness with you.

Both applicants must be 18 or older

One applicant needs to present current photo id or two other forms of id that show address.

You must pay the \$ 28.00, non-refundable, application fee at time of making application.

You may complete the entire 2 page application at home or in person, please be sure that both applicants sign, witness signs and you place your social security numbers at bottom of 2nd page. If you are not a United States citizen, you will not have a social security number. However, you may still get married in the United States.

Once application is received by Registrar office, there is a state mandated 72 hour waiting period before application may be released. After the 72 hours has lapsed, either applicant may pick up license. If either cannot pick up license, please let us know who will be picking up license.

Once license is picked up, the marriage ceremony must be performed within 28 days or you will have to re-apply. So please be sure that you do not pick up marriage license prematurely.

Give license to person performing marriage (officiant). Remember, you must bring two witnesses for marriage ceremony.

License will then be filed in municipality where marriage occurred.
Must purchase certified copies there.

Aplicacion de matrimonio
Necesita concertar una cita
Llama (609) 567-4300 ext 105 or townclerk@townofhammonton.org

La oficina de la registrado abierta Lunes a viernes, nueve a cuatro
The registrar office opened Monday – Friday, 9 – 4

Tiene vivir en la ciudad de hammonton. Que Necesito identificacion con su direccion
You have to live in town of Hammonton. You need id with your address

Que Necesita uno testigo para su aplicacion
You need 1 witness for application

Que Necesita un Alcalde o Juez hacer o realizar el matrimonio o ceremonia de la boda, de la ciudad de Hammonton no alcalde o juez hacer
You need to find a mayor or judge to perform marriage, we do not have a mayor or judge to perform marriage

Que Necesita dos testigos para su boda
You need 2 witnesses for your wedding

La aplicacion costa veinte y ocho dolares
The application costs \$28 dollars

Despues la aplicacion esperar tres dias antes permitido para casarse
After the application, you wait 3 days before you are allowed to be married

Despues la boda, la licencia archivado en municipio donde las boda producido
After the wedding, the marriage license is filed in the municipality where wedding occurred

**New Jersey Department of Health
APPLICATION FOR LICENSE**

MARRIAGE REMARRIAGE CIVIL UNION REAFFIRMATION OF CIVIL UNION

(PLEASE PRINT OR TYPE)

| DECLARATION OF APPLICANT A <i>(Giving false information constitutes perjury.)</i> | | | | DECLARATION OF APPLICANT B <i>(Giving false information constitutes perjury.)</i> | | | |
|--|--|---|--|--|--|---|--|
| 1. Name (First, Middle, Last) (List name given at birth or on birth certificate) | | | | 1. Name (First, Middle, Last) (List name given at birth or on birth certificate) | | | |
| Street Address (Current Legal Residence) (See Note 1) | | | County | Street Address (Current Legal Residence) (See Note 1) | | | County |
| Municipality of Residence (See Note 4) | | State | Zip Code | Municipality of Residence (See Note 4) | | State | Zip Code |
| 1a. Current Name (if different) | | | 2. Date of Birth | 1a. Current Name (if different) | | | 2. Date of Birth |
| 3. Birthplace | | 4. Sex <input type="checkbox"/> M <input type="checkbox"/> F | 5. Age (See Note 2) | 3. Birthplace | | 4. Sex <input type="checkbox"/> M <input type="checkbox"/> F | 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) | | | |
| <input type="checkbox"/> Single | | Date _____ | Place _____ | <input type="checkbox"/> Single | | Date _____ | Place _____ |
| <input type="checkbox"/> Widowed | | _____ | _____ | <input type="checkbox"/> Widowed | | _____ | _____ |
| <input type="checkbox"/> Divorced | | _____ | _____ | <input type="checkbox"/> Divorced | | _____ | _____ |
| <input type="checkbox"/> Annulled | | _____ | _____ | <input type="checkbox"/> Annulled | | _____ | _____ |
| <input type="checkbox"/> Current Domestic Partner | | _____ | _____ | <input type="checkbox"/> Current Domestic Partner | | _____ | _____ |
| <input type="checkbox"/> Former Domestic Partner | | _____ | _____ | <input type="checkbox"/> Former Domestic Partner | | _____ | _____ |
| <input type="checkbox"/> Current Civil Union Partner | | _____ | _____ | <input type="checkbox"/> Current Civil Union Partner | | _____ | _____ |
| <input type="checkbox"/> Former 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: | | | | 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 | | Date _____ | Place _____ | <input type="checkbox"/> Marriage | | Date _____ | Place _____ |
| <input type="checkbox"/> Civil Union | | _____ | _____ | <input type="checkbox"/> Civil Union | | _____ | _____ |
| 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): | | 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): | |
| 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): | | 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): | |
| 9a. Parent's Full Name at Birth | | | 9b. Birthplace | 9a. Parent's Full Name at Birth | | | 9b. Birthplace |
| 10a. Parent's Full Name at Birth | | | 10b. 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.

UPON COMPLETION, APPLICATION IS TO BE RETAINED AS A PERMANENT RECORD.

DECLARATION OF IDENTIFYING WITNESS

(Giving false information constitutes perjury)

- 1. Name (First, Middle, Last):
Mailing Address (Street/PO Box):
City: State: Zip Code:
2. Have the applicants correctly stated their ages and usual residences?
3. Did the applicants make you aware of any legal impediment to their marriage / remarriage / civil union / reaffirmation of civil union?
If 'Yes,' explain:

OATH OR AFFIRMATION OF APPLICANTS AND IDENTIFYING WITNESS

NOTE TO REGISTRAR - Applicants and witness should be told that taking a false oath constitutes perjury, which is punishable by a maximum fine of \$7,500.00.

We, who have hereunder signed our names, do solemnly swear (or affirm) that we are not currently ruled mentally incompetent; the answers given by us in this application for a marriage, remarriage, civil union, or reaffirmation of civil union license are true, full and perfect answers to each and all of said questions.

Signature of Applicant A: Date:
Signature of Applicant B: Date:
Signature of Witness: Date:
Second Signature of Witness (if necessary): Date:

Sworn (or affirmed) and subscribed before me at
this day of , 20 at AM PM
Signature of Registrar:

REGISTRAR - DO NOT insert place and date of ceremony or file the application until either the completed certificate or copy thereof is sent to you. Follow-up on all licenses for completion.

License Number: Date of Issue:
Ceremony Performed in (City, Borough, Twp.):
Date of Ceremony:

NOTE 1. This is the permanent home and principal establishment to which, when absent, the applicant intends to return.
NOTE 2. Written consent of both parents is required for the marriage or civil union of any person under eighteen years of age.
NOTE 3. When a remarriage or reaffirmation of civil union license is requested, indicate in Question 6 that the parties are already married or joined in a civil union.

contract. The place and date of the previous marriage or civil union should be stated on both the application and the license.
NOTE 4. Municipality of residence is the municipality where applicant physically resides, not the mailing address.
NOTE 5. The Registrar's review of a divorce decree, dissolution of Civil Union, or termination of Domestic Partnership, submitted with this application, in no way implies the validity of the submitted document.

APPLICANTS MUST PROVIDE THEIR SOCIAL SECURITY NUMBERS (N. J. S. 37:1-17)
Social Security Number of Applicant A:
Social Security Number of Applicant B:
Social Security Numbers shall be kept confidential and may only be released for child support purposes and this document shall not be considered a public record pursuant to P. L. 1963, C.73 (C.47:1A-1 et seq.).