

**WESTWOOD BOARD OF HEALTH**  
**101 Washington Avenue**  
**Westwood, NJ 07675**

**APPOINTMENT REQUIRED – PLEASE CALL (201) 664-7100 X129**

This on-line version of the NJ Department of Health and Senior Services Form REG-77, “Application for License: Marriage/Remarriage/Civil Union/Reaffirmation of Civil Union”, is provided by the Westwood Board of Health for **DRAFT/INFORMATION PURPOSES ONLY**.

In order to apply for a Marriage/Remarriage/Civil Union/Reaffirmation of Civil Union in the Borough of Westwood, at least one of the following conditions must be met:

1. One of the applicants must reside in the Borough of Westwood
2. For **out-of-state applicants**, the ceremony must be performed in the Borough of Westwood

If one of the above conditions is satisfied, fill in the required information on the next page and submit it along with the following items:

**Required documents when applying for a marriage license:**

1. Proof of identity by presenting either your driver’s license, passport, state/federal/county ID or military ID; all documents must be current.
2. Proof of your residence
3. Your social security cards or social security numbers (Social security numbers are required by law for U.S. Citizens and will be kept confidential)
4. A witness, 18 years of age or older
5. The \$28.00 application fee (checks payable to “Westwood Board of Health”)

**Requested additional documents (these documents are helpful but not required)**

1. A copy of your birth certificate to establish your parents’ names and related birth information
2. If you are divorced, have had a previous civil union dissolved, domestic partnership terminated or have had a civil union annulled, please bring the decree(s) or the civil annulment documents
3. If your former spouse/civil union or domestic partner is deceased, please bring the death certificate

The **actual** Application for the Marriage/Remarriage/Civil Union or Reaffirmation of Civil Union License must be processed by the Westwood Board of Health.

New Jersey Department of Health and Senior Services

**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) <i>(List name given at birth or on birth certificate)</i>				1. Name (First, Middle, Last) <i>(List name given at birth or on birth certificate)</i>			
Street Address <i>(Current Legal Residence)</i> <i>(See Note 1)</i>			County	Street Address <i>(Current Legal Residence)</i> <i>(See Note 1)</i>			County
Municipality of Residence <i>(See Note 4)</i>		State	Zip Code	Municipality of Residence <i>(See Note 4)</i>		State	Zip Code
1a. Current Name <i>(if different)</i>		2. Date of Birth		1a. Current Name <i>(if different)</i>		2. Date of Birth	
3. Birthplace		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F		3. Birthplace		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	
5. Age <i>(See Note 2)</i>				5. Age <i>(See Note 2)</i>			
6. Domestic Status <i>(at this time)</i> <i>(See Notes 3 and 5)</i>				6. Domestic Status <i>(at this time)</i> <i>(See Notes 3 and 5)</i>			
		Date	Place			Date	Place
<input type="checkbox"/> Single				<input type="checkbox"/> Single			
<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"/> 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:			
		Date	Place			Date	Place
<input type="checkbox"/> Marriage				<input type="checkbox"/> Marriage			
<input type="checkbox"/> Civil Union				<input type="checkbox"/> Civil Union			
7a. For Marriage License Applicants: Enter number of times ever Married <i>(if applicable)</i> :		7b. Name of Most Recent Spouse <i>(if any)</i> <i>(List name given at birth or on birth certificate)</i> :		7a. For Marriage License Applicants: Enter number of times ever Married <i>(if applicable)</i> :		7b. Name of Most Recent Spouse <i>(if any)</i> <i>(List name given at birth or on birth certificate)</i> :	
8a. For Civil Union Applicants: Enter number of times ever in a Civil Union <i>(if applicable)</i> :		8b. Name of Most Recent Civil Union Partner <i>(if any)</i> <i>(List name given at birth or on birth certificate)</i> :		8a. For Civil Union Applicants: Enter number of times ever in a Civil Union <i>(if applicable)</i> :		8b. Name of Most Recent Civil Union Partner <i>(if any)</i> <i>(List name given at birth or on birth certificate)</i> :	
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? <i>(See Note 4)</i>				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.