

HEALTH DEPARTMENT

HEALTH CENTER

10 BEAVER AVENUE
NORTH ARLINGTON, NEW JERSEY 07031
AREA CODE (201) 955-5695
FAX (201) 955-5696
E-MAIL: healthdept@northarlington.org

REQUIREMENTS FOR A MARRIAGE / CIVIL UNION LICENSE

1. Partners **MUST** be **OVER 18**
2. At least one of the partners **MUST** be a **NORTH ARLINGTON RESIDENT**
PROOF REQUIRED: ex.: Driver's License, Bank Statement, Notarized letter from Landlord)

***NOTE: If BOTH live out-of-state, they MUST apply in the
CITY WHERE THE CEREMONY IS TO TAKE PLACE***
3. **MUST have one (1) witness present for application**
 - **MUST** be at least 18 years of age
 - May be a family member
 - **MUST** be able to speak and understand English
4. **ALL THREE MUST HAVE A VALID GOVERNMENT ISSUED PHOTO I.D.**
5. Couple **MUST** provide:
 - the scheduled **date and place of ceremony**
 - **the name, address & phone number of the person who will perform the ceremony**
6. If in a previous legal relationship with a *different* partner, **MUST** provide the date & place of whichever is applicable:
 - **Divorce**
 - **Death Certificate**
 - **Civil Union Dissolution**
 - **Domestic Partnership Termination**
7. Provide **Social Security Number** (if applicable)
8. After applying, there is a **72 hour waiting period** before the license can be issued to couple
9. The license is **valid for 30 days** from the time it is picked up at our office.
10. License Applications are taken **Monday through Friday**, between **8:30 AM and 3:30 PM**
11. License Application fee is **\$28.00** payable at the time of application. Methods of payment are:
 - Cash in **EXACT CHANGE**
 - Check payable to the North Arlington Health Department

APPLICATIONS MAY ALSO BE PRINTED ON-LINE AT THE FOLLOWING WEBSITE:

www.state.nj.us/health/forms -- Access the form named **REG-77**

INFORMATION MAY BE FILLED IN, BUT MUST BE SIGNED IN PERSON IN THE OFFICE

If you have any further questions, please contact the Registrar's Office (201-955-5695)