

*Township of Warren  
Board of Health  
Office of the Registrar*

*Somerset County*

46 Mountain Boulevard, Warren, New Jersey 07059-5695

908-753-8000 Extension 239 – (Fax) 908-757-9173

pmartins@warrennj.org

**INSTRUCTIONS TO THE CLERGY OR PERSON OFFICIATING AT THIS MARRIAGE**

1. Please be sure to complete the top portion of the Marriage License on all four copies. Because this is a **permanent** and important record, **accuracy** is extremely important. All information **MUST** be typed or printed in black ink (No felt-tip or blue ink please; they do not duplicate very well). **ERASURES OR CROSS-OUTS WILL NOT BE ACCEPTED BY THE STATE REGISTRAR.** If an error is made, a duplicate will be required. No type of seal may be placed on the license.
2. Please complete the top of the Marriage Certificate in its entirety on all four copies. Please give the PINK copy to the Bride and Groom as a copy, and keep the BLUE copy for your records.
3. State Law provides that **TWO (2) WHITE COPIES** of the marriage record must be returned to the **Registrar of the Municipality in which the ceremony was performed within five (5) days** after the performance of the marriage. When the Bride and Groom need **certified copies** of the Marriage Certificate, they must contact the municipality in which the marriage took place, and pay the appropriate fees.
4. The greatest difficulty experienced is with the signature and address of each witness. Please, therefore, **PRINT** names and addresses on the space provided below and return this sheet with the marriage license.

WITNESSES:

ADDRESSES

**Please Print**

a. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Thank you for your cooperation. So that the Registrar receiving this document may reach you if necessary, please print your name and daytime phone number below:

\_\_\_\_\_  
**Name of Couple**

\_\_\_\_\_  
**Date of Marriage**

\_\_\_\_\_  
**Officiant Name**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City, State** **Zip Code** \_\_\_\_\_

**Please call 908-753-8000 Extension 239 if questions**