BOROUGH OF RAMSEY

APPLICATION FOR WEDDING CEREMONY BY MAYOR

CONTACT INFORMATION: (Please clearly print all information) Date: _____

Applicant A

Name: _____

Address (Street, City, State, Zip):

_____

Telephone Number:

_____

Applicant B

Name: _____

Address (Street, City, State, Zip):

_____

Telephone Number:

_____

WEDDING INFORMATION:

Wedding Date:_____

Wedding Location (Name of Establishment, Address):

_____

Wedding Time:_____

Alternate Date:_____

Alternate Location:_____

Alternate Time:_____

☐ Has Applied for Marriage License with Health Department

Date: _____

☐ Has Not Applied for Marriage License with Health Department

Date: _____

A contribution is to be made to the following charitable organization.

Fee ($100) Payable to West Bergen Mental Healthcare Check No. _____