

**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) <i>(List name given at birth or on birth certificate/Maiden name)</i>				1. Name (First, Middle, Last) <i>(List name given at birth or on birth certificate/Maiden name)</i>			
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 <input type="checkbox"/> Undesignated/ Non-Binary	5. Age <i>(See Note 2)</i>	3. Birthplace		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Undesignated/ Non-Binary	5. Age <i>(See Note 2)</i>
3. 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/Maiden name):		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/Maiden name):	
3a. 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/Maiden name):		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/Maiden name):	
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	
1. Are you related to Applicant B? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," how?				11. Are you related to Applicant A? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," how?			
INFORMATION TO BE COMPLETED BY EITHER APPLICANT							
2. 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:	
5. 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.

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. In any case where application is made by only one applicant to begin the waiting period, the same identifying witness must return when the second applicant completes the application. In such a case the same witness must sign once again on the line below that on which he/she signed when appearing with the first applicant.

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. Both applicants must be a minimum of 18 years of age at the time of application.
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. It is required that proof of the previous marriage or civil union be submitted to you. Common law marriages, which were legal prior to December 1, 1939, must be established by affidavit showing the place and date of the common law marriage contract. The place and date of the previous marriage or civil union should be stated on both the application and the license. The seventy-

- two hour waiting period is waived. Consent of parents is required for the remarriage or reaffirmation of a civil union of a minor previously joined in a marriage or civil union to the same partner in another state.
NOTE 4. Municipality of residence is the municipality where applicant physically resides, not the mailing address. If both applicants are nonresidents of New Jersey, the application must be made in the municipality where the ceremony will be performed. Registrar should mark the license accordingly.
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. Such determination can only be made by a court of law.

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.).

**New Jersey Department of Health
El Departamento de Salud de New Jersey
APPLICATION FOR LICENSE
SOLICITUD PARA LICENCIA**

MARRIAGE
MATRIMONIO

REMARRIAGE
REMATRIMONIO

CIVIL UNION
UNIÓN CIVIL

REAFFIRMATION OF CIVIL UNION
REAFIRMACIÓN DE UNIÓN CIVIL

(PLEASE PRINT OR TYPE) / (INMPRIMA O USE LETRA DE MOLDE)

DECLARATION OF APPLICANT A DECLARACIÓN SOLICITANTE – A (Giving false information constitutes perjury.) (Proveer información falsa constituye perjurio)			DECLARATION OF APPLICANT B DECLARACIÓN SOLICITANTE – B (Giving false information constitutes perjury.) (Proveer información falsa constituye perjurio)		
1. Name (First, Middle, Last) (List name given at birth or on birth certificate/Maiden name) Nombre (Primer, Segundo, Apellido) (Inscrito en el acta de nacimiento o de soltera)			1. Name (First, Middle, Last) (List name given at birth or on birth certificate/Maiden name) Nombre (Primer, Segundo, Apellido) (Inscrito en el acta de nacimiento o de soltera)		
Street Address (Current Legal Residence) (See Note 1) Dirección Legal Actual		County Condado	Street Address (Current Legal Residence) (See Note 1) Dirección Legal Actual		County Condado
Municipality of Residence (See Note 4) Municipio de residencia	State (See Note 4) Estado	Zip Code Código Postal	Municipality of Residence (See Note 4) Municipio de residencia	State (See Note 4) Estado	Zip Code Código Postal
1a. Current Name (if different) Nombre Actual (si diferente)		2. Date of Birth Fecha de Nacimiento	1a. Current Name (if different) Nombre Actual (si diferente)		2. Date of Birth Fecha de Nacimiento
3. Birthplace Lugar de Nacimiento	4. Sex Sexo <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Undesignated /Non-Binary Sin Designación/No Binario	5. Age (See Note 2) Edad (Ver Nota 2)	3. Birthplace Lugar de Nacimiento	4. Sex Sexo <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Undesignated /Non-Binary Sin Designación/No Binario	5. Age (See Note 2) Edad (Ver Nota 2)
6. Domestic Status (at this time) (See Notes 3 and 5) Estado Civil (en este momento) (Ver Nota 3 y 5)			6. Domestic Status (at this time) (See Notes 3 and 5) Estado Civil (en este momento) (Ver Nota 3 y 5)		
<input type="checkbox"/> Single / Soltero(a) <input type="checkbox"/> Widowed Viudo(a) <input type="checkbox"/> Divorced Divorciado(a) <input type="checkbox"/> Annulled Anulación <input type="checkbox"/> Current Domestic Partner Cónyuge Doméstico Actual <input type="checkbox"/> Former Domestic Partner Previo Cónyuge Doméstico <input type="checkbox"/> Current Civil Union Partner Cónyuge Civil Actual <input type="checkbox"/> Former Civil Union Partner Previo Cónyuge Civil			<input type="checkbox"/> Single / Soltero(a) <input type="checkbox"/> Widowed Viudo(a) <input type="checkbox"/> Divorced Divorciado(a) <input type="checkbox"/> Annulled Anulación <input type="checkbox"/> Current Domestic Partner Cónyuge Doméstico Actual <input type="checkbox"/> Former Domestic Partner Previo Cónyuge Doméstico <input type="checkbox"/> Current Civil Union Partner Cónyuge Civil Actual <input type="checkbox"/> Former Civil Union Partner Previo Cónyuge Civil		
For Remarriage to the same spouse, or Reaffirmation of Civil Union to the same partner, enter date and place of original ceremony: Para Re-Matrimonio, o reafirmación de Unión Civil con el mismo cónyuge, intente la fecha y el lugar de la ceremonia anterior: Date / Fecha _____ Place / Lugar _____ <input type="checkbox"/> Marriage Matrimonio <input type="checkbox"/> Civil Union Unión Civil			For Remarriage to the same spouse, or Reaffirmation of Civil Union to the same partner, enter date and place of original ceremony: Para Re-Matrimonio, o reafirmación de Unión Civil con el mismo cónyuge, intente la fecha y el lugar de la ceremonia anterior: Date / Fecha _____ Place / Lugar _____ <input type="checkbox"/> Marriage Matrimonio <input type="checkbox"/> Civil Union Unión Civil		

New Jersey Department of Health
El Departamento de Salud de New Jersey
APPLICATION FOR LICENSE
SOLICITUD PARA LICENCIA

MARRIAGE
MATRIMONIO

REARRIAGE
REMATRIMONIO

CIVIL UNION
UNIÓN CIVIL

REAFFIRMATION OF CIVIL UNION
REAFIRMACIÓN DE UNIÓN CIVIL

DECLARATION OF APPLICANT A DECLARACIÓN SOLICITANTE – A		DECLARATION OF APPLICANT B DECLARACIÓN SOLICITANTE – B	
7a. Enter number of times ever Married (if applicable): <i>Indique numero de veces casado (si aplica):</i>	7b. Name of Most Recent Spouse (if any) (List name given at birth or on birth certificate/ Maiden name): <i>Nombre de pareja legal más reciente (si existe) (Inscrito en el acta de nacimiento o nombre de soltera):</i>	7a. Enter number of times ever Married (if applicable): <i>Indique numero de veces casado (si aplica):</i>	7b. Name of Most Recent Spouse (if any) (List name given at birth or on birth certificate/ Maiden name): <i>Nombre de pareja legal más reciente (si existe) (Inscrito en el acta de nacimiento o nombre de soltera):</i>
8a. Enter number of times ever in a Civil Union (if applicable): <i>Indique numero de Uniones Civiles (si aplica):</i>	8b. Name of Most Recent Civil Union Partner (if any) (List name given at birth or on birth certificate/ Maiden name): <i>Nombre de pareja de unión civil más reciente (si existe) (Inscrito en el acta de nacimiento o nombre de soltera):</i>	8a. Enter number of times ever in a Civil Union (if applicable): <i>Indique numero de Uniones Civiles (si aplica):</i>	8b. Name of Most Recent Civil Union Partner (if any) (List name given at birth or on birth certificate/ Maiden name): <i>Nombre de pareja de unión civil más reciente (si existe) (Inscrito en el acta de nacimiento o nombre de soltera):</i>
9a. Full Name of Parent (List name given at birth or on birth certificate/Maiden name): <i>Nombre Completo de Padre/Madre (Inscrito en el acta de nacimiento o nombre de soltera):</i>	9b. Birthplace <i>Lugar de nacimiento</i>	9a. Full Name of Parent (List name given at birth or on birth certificate/Maiden name): <i>Nombre Completo de Padre/Madre (Inscrito en el acta de nacimiento o nombre de soltera):</i>	9b. Birthplace <i>Lugar de nacimiento</i>
10a. Full Name of Parent (List name given at birth or on birth certificate/Maiden name): <i>Nombre Completo de Padre/Madre (Inscrito en el acta de nacimiento o nombre de soltera):</i>	10b. Birthplace <i>Lugar de nacimiento</i>	10a. Full Name of Parent (List name given at birth or on birth certificate/Maiden name): <i>Nombre Completo de Padre/Madre (Inscrito en el acta de nacimiento o nombre de soltera):</i>	10b. Birthplace <i>Lugar de nacimiento</i>
11. Are you related to Applicant B? <i>¿Es usted pariente del solicitante B?</i> If "YES," how? / "Si" ¿Cómo? <input type="checkbox"/> Yes / Si <input type="checkbox"/> No / No		11. Are you related to Applicant A? <i>¿Es usted pariente del solicitante A?</i> If "YES," how? / "Si" ¿Cómo? <input type="checkbox"/> Yes / Si <input type="checkbox"/> No / No	
INFORMATION TO BE COMPLETED BY EITHER APPLICANT INFORMACIÓN PARA SER COMPLETADA POR CUALQUIERA DE LOS APLICANTES			
12. In which Incorporated Municipality in New Jersey do you intend for the ceremony to be performed? (See Note 4) <i>¿En cual municipalidad incorporada de New Jersey piensa efectuar la ceremonia? (Ver Nota 4)</i>		13. Intended Date of Ceremony <i>Fecha en la que piensa efectuara la ceremonia:</i>	14. Telephone Number where either applicant can now be reached: <i>Numero Telefónico dónde se pueda contactar cualquiera de los solicitantes:</i>
15. Name and mailing address of person who is to perform the ceremony: <i>Nombre y Dirección de la persona quien efectuara la ceremonia:</i>		16. Mailing Address where you may be reached after the ceremony: <i>Dirección dónde se pueden contactar los solicitantes después de la ceremonia:</i>	

APPLICANTS MUST PROVIDE THEIR SOCIAL SECURITY NUMBERS (N.J.S. 37:1-17) LOS SOLICITANTES DEBEN PROVEER EL NÚMERO DE SU SEGURO SOCIAL (N.J.S. 37:1-17)	
Social Security Number of Applicant A <i>Número de Seguro Social Solicitante A</i> <div style="border: 1px solid black; padding: 5px; text-align: center;"> - - </div>	Social Security Number of Applicant B <i>Número de Seguro Social Solicitante B</i> <div style="border: 1px solid black; padding: 5px; text-align: center;"> - - </div>
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.) <i>Los Números del Seguro Social deben ser mantenidos confidenciales y sólo pueden ser emitidos para propósitos de manutención alimenticia y este documento no se consideran registro público conforme a P.L. 1963, C.73 (C. 47:1A-1 et seq)</i>	

(See Notes on Page 4)
 (VER NOTAS EN LA PÁGINA 4)

Continue with Declaration of Identifying Witness and Oath.
 Continúe con la Declaración de Testigos Identificados y Juramento.

UPON COMPLETION, APPLICATION IS TO BE RETAINED AS A PERMANENT RECORD.
DESPUÉS DE COMPLETAR, LA SOLICITUD DEBE RETENERSE COMO REGISTRO PERMANENTE

DECLARATION OF IDENTIFYING WITNESS / DECLARACIÓN DE TESTIGOS IDENTIFICADOS

(Giving false information constitutes perjury. / Dar falso testimonio constituye perjurio.)

- Name (First, Middle, Last):
Nombre (Primero, Segundo, Apellido): _____
Mailing Address (Street/PO Box):
Dirección de envío: _____
City:
Ciudad: _____ State:
Estado: _____ Zip Code:
Código Postal: _____
- Have the applicants correctly stated their ages and usual residences?
¿Han los solicitantes indicado correctamente sus edades y domicilio común? Yes / Sí No / No
- Did the applicants make you aware of any legal impediment to their marriage / remarriage / civil union / reaffirmation of civil union?
¿Le han los solicitantes informado de algún impedimento legal para llevar a cabo el matrimonio / re-matrimonio / unión civil / reafirmación de unión civil? Yes / Sí No / No
If "Yes," explain:
Si la respuesta es "Sí" explique: _____

OATH OR AFFIRMATION OF APPLICANTS AND IDENTIFYING WITNESS JURAMENTO O AFIRMACIÓN DE SOLICITANTES Y TESTIGOS IDENTIFICADOS

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. In any case where application is made by only one applicant to begin the waiting period, the same identifying witness must return when the second applicant completes the application. In such a case the same witness must sign once again on the line below that on which he/she signed when appearing with the first applicant.

NOTA AL OFICIAL DE REGISTROS CIVILES: Los solicitantes y los testigos deben saber que tomar un juramento falso constituye perjurio, que se castiga con una multa máxima de \$ 7,500.00. En cualquier caso, cuando la solicitud es hecha por un solo solicitante para comenzar el período de espera, el mismo testigo identificado debe regresar cuando el segundo solicitante complete la solicitud. En tal caso, el mismo testigo debe firmar una vez más en la línea debajo de aquel en que él / ella firmó al aparecer con el primer solicitante.

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.

Nosotros, que hemos firmado a continuación nuestros nombres, solemnemente juramos (o afirmamos) que no estamos actualmente calificados mentalmente incompetentes, las respuestas dadas por nosotros en esta solicitud de matrimonio, re-matrimonio, unión civil, o la reafirmación de la licencia de unión civil se cumplen, respuestas completas y perfectas para todas y cada una de dichas preguntas.

Signature of Applicant A: _____ Date: _____
Firma de Solicitante A: _____ Fecha: _____
Signature of Applicant B: _____ Date: _____
Firma de Solicitante B: _____ Fecha: _____
Signature of Witness: _____ Date: _____
Firma de Testigo: _____ Fecha: _____
Second Signature of Witness (if necessary): _____ Date: _____
Firma de 2nd Testigo (si aplica): _____ Fecha: _____

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: _____

NOTES / NOTAS

NOTE 1. This is the permanent home and principal establishment to which, when absent, the applicant intends to return.

NOTA 1. Este es la dirección principal y permanente a la cual volverán los solicitantes.

NOTE 2. Both applicants must be a minimum of 18 years of age at the time of application.

NOTA 2. Ambos solicitantes deben tener un mínimo de 18 años de edad al momento de la solicitud.

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. It is required that proof of the previous marriage or civil union be submitted to you. Common law marriages, which were legal prior to December 1, 1939, must be established by affidavit showing the place and date of the common law marriage contract. The place and date of the previous marriage or civil union should be stated on both the application and the license. The seventy-two hour waiting period is waived. Consent of parents is required for the remarriage or reaffirmation of a civil union of a minor previously joined in a marriage or civil union to the same partner in another state.

NOTA 3. Cuando un re-matrimonio o reafirmación de la licencia de unión civil se solicita, indique en la pregunta 6, que las partes ya están casadas o unidas en una unión civil. Se requiere que la prueba del matrimonio o unión civil anterior se presente. Matrimonios de derecho consuetudinario, que eran legales antes de Diciembre 1 de 1939, debe ser establecido por declaración jurada que indica el lugar y la fecha del contrato legal de matrimonio común. El lugar y la fecha del matrimonio o la unión civil anterior deben estar en la solicitud y en el certificado matrimonial. El período de espera de setenta y dos horas no es

aplicado. El consentimiento de los padres es necesario para el re-matrimonio o la reafirmación de una unión civil de un menor de edad previamente unido en un matrimonio o unión civil con la misma pareja en otro estado.

NOTE 4. Municipality of residence is the municipality where applicant physically resides, not the mailing address. If both applicants are nonresidents of New Jersey, the application must be made in the municipality where the ceremony will be performed. Registrar should mark the license accordingly.

NOTA 4. Municipio de residencia es el municipio en el que reside la fiscalidad solicitante, no la dirección de correo. Si ambos solicitantes no son residentes de New Jersey, la solicitud deberá ser hecha en la municipalidad donde se realizara la ceremonia. El Oficial de Registros Civiles debe marcar la licencia por consiguiente.

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. Such determination can only be made by a court of law.

NOTA 5. La revisión por el oficial de registros civiles de una sentencia de divorcio, la disolución de Unión Civil, o la terminación de la sociedad doméstica, presentada con esta solicitud, no implica en absoluto la validez del documento presentado. Tal determinación sólo puede ser hecha por un tribunal de justicia.



Beth Dilts <diltsb@lopatcongtp.com>

Marriage license application and Marriage license changes

1 message

NJ Office of Vital Statistics and Registry <noreply@doh.nj.gov>

Fri, Apr 5, 2019 at 8:09 AM

Good Morning, as you should know, there was a new law enacted regarding sex designation which impacts some of our forms. We have modified the Marriage License form (REG- 77 & REG-77A) on our website to now include "Undesignated/Non-Binary" in addition to "M" & "F" for applicants who do not identify as either male or female. Please destroy any older versions that you may already have printed. Also, when completing the marriage or remarriage license (REG 24X and REG23X), when completing the "M" or "F" in the sex field (15), you should use the option of "U/NB" (Undesignated/Non-binary) if requested by applicants who do not identify as either male or female. Therefore, there will now be three options to choose: "M", "F", or "U/NB" and only one can be chosen. If you have any questions, please contact our office. Thanks.

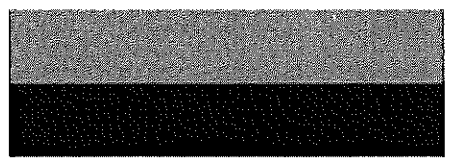
Confidentiality Notice: The information contained in this message may be privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any release, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the author immediately by replying to this message and delete the original message. Thank you.

Non-binary

Over the next few weeks, we are migrating your community's domain to wikia.org. Find out more on this Fandom help page.

Non-binary gender (see also genderqueer) describes any gender identity which does not fit the male and female binary. Those with non-binary genders can feel that they:

- Have an androgynous (both masculine and feminine) gender identity, such as androgyne.
- Have an identity between male and female, such as intergender.
- Have a neutral or unrecognized gender identity, such as agender, neutrois, or most xenogenders.
- Have multiple gender identities, such as bigender or pangender.
- Have a gender identity which varies over time, known as genderfluid.
- Have a weak or partial connection to a gender identity, known as demigender.
- Are intersex and identify as intersex, know as amalgagender
- Have a culturally specific gender identity which exists only within their or their ancestor's culture.



Most recognised non-binary flag.



Alternate non-binary flag

Non-binary people may also identify as transgender and/or transsexual. The label genderqueer has a lot of overlap with non-binary. Non-binary is often seen as the preferred term, as "queer" may be used as a transphobic insult.

Non-binary people may wish to transition so that their gender expression more closely reflects their internal identity. Many non-binary people wish to appear androgynous and adopt unisex names, gender-neutral titles such as Mx. and/or gender-neutral pronouns, but others prefer to express themselves in ways which are traditionally seen as masculine or feminine or to mix aspects of the two.

