

**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				Municipality of Residence (See Note 4) State			
Zip Code				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>
6. 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 <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Current Domestic Partner <input type="checkbox"/> Former Domestic Partner <input type="checkbox"/> Current Civil Union Partner <input type="checkbox"/> Former Civil Union Partner				<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Current Domestic Partner <input type="checkbox"/> Former Domestic Partner <input type="checkbox"/> Current Civil Union Partner <input type="checkbox"/> Former Civil Union Partner			
Date _____ Place _____ 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"/> Civil Union Date _____ Place _____				Date _____ Place _____ 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"/> Civil Union Date _____ Place _____			
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):	
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):		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	
11. 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							
12. 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:	
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.

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

**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

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 puede 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>	Social Security Number of Applicant B <i>Número de Seguro Social Solicitante B</i>																																
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>					-					-							<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>					-					-						
				-					-																								
				-					-																								
<p align="center">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></p>																																	

**(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.**

DECLARATION OF IDENTIFYING WITNESS / DECLARACIÓN DE TESTIGOS IDENTIFICADOS

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

1. Name (First, Middle, Last):
Nombre (Primero, Segundo, Apellido): _____
Mailing Address (Street/PO Box):
Dirección de envío: _____
City:
Ciudad: _____ State:
Estado: _____ Zip Code:
Código Postal: _____
2. Have the applicants correctly stated their ages and usual residences?
¿Han los solicitantes indicado correctamente sus edades y domicilio común? Yes / *Sí* No / *No*
3. Did the applicants make you aware of any legal impediment to their marriage / remarriage / civil union / reaffirmation of civil union?
¿Le han los solicitantes informaron 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:
Firma de Solicitante A: _____ Date:
Fecha: _____

Signature of Applicant B:
Firma de Solicitante B: _____ Date:
Fecha: _____

Signature of Witness:
Firma de Testigo: _____ Date:
Fecha: _____

Second Signature of Witness
(if necessary):
Firma de 2nd Testigo (si aplica): _____ Date:
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.*