

Application for Marriage License

License Number

State of Louisiana

Date of Application

Time of Application

| | | | | | |
|---|---|--|---|---|-------------|
| PARTY A | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Check if consanguineous or adoptive relationship | |
| <input type="checkbox"/> SPOUSE <input type="checkbox"/> BRIDE | Last Name | | Suffix | First Name | Middle Name |
| | Last Name Before First Marriage (if different than current legal last name) | | | | |
| <input type="checkbox"/> GROOM | Residence Address | | | | |
| | City | Parish/County | | State | ZIP |
| PARTY A: | Race | Date of Birth | Place of Birth (city, state, country) | | |
| | Mother/Parent's Name (before first marriage) | | Mother/Parent's Birthplace (city, state, country) | | |
| Father/Parent's Name (before first marriage) | | Father/Parent's Birthplace (city, state, country) | | | |

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|---|---|--|---|------------|-------------|
| PARTY B | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| <input type="checkbox"/> SPOUSE <input type="checkbox"/> GROOM | Last Name | | Suffix | First Name | Middle Name |
| | Last Name Before First Marriage (if different than current legal last name) | | | | |
| <input type="checkbox"/> BRIDE | Residence Address | | | | |
| | City | Parish/County | | State | ZIP |
| PARTY B: | Race | Date of Birth | Place of Birth (city, state, country) | | |
| | Mother/Parent's Name (before first marriage) | | Mother/Parent's Birthplace (city, state, country) | | |
| Father/Parent's Name (before first marriage) | | Father/Parent's Birthplace (city, state, country) | | | |

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| Covenant Marriage | <p>Is this a Covenant Marriage? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, complete below):</p> <p>We, _____ and _____ do hereby declare our intent to contract a Covenant Marriage and, accordingly, have executed a declaration of intent attached hereto.</p> |
|-------------------|---|

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|----------------|---|-------------------------------|---|-------------------------------------|
| Party A | Formerly Married? <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Previous Marriages? | Currently Divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Last Marriage Ended (mm/dd/yy) |
| | Highest Education Completed: | | Reason Last Marriage Ended <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment | |
| Party B | Formerly Married? <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Previous Marriages? | Currently Divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Last Marriage Ended (mm/dd/yy) |
| | Highest Education Completed: | | Reason Last Marriage Ended <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment | |

I _____ (print name of groom/bride/spouse) do swear or affirm that the information contained in this application for marriage is true and correct. I further swear or affirm that this is my _____ (1st, 2nd, etc. number) marriage but that I am not currently married to anyone else, and that I am free to marry under the laws of the State of Louisiana. I further understand and acknowledge that giving any false information or false statement in this application for marriage shall constitute the crime of filing a false public record in violation of the Louisiana Criminal Code (R.S. 14:133).

Signature of **Party A** _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Signature of Notary Public or Deputy Clerk of Court _____ Notary ID _____

I _____ (print name of groom/bride/spouse) do swear or affirm that the information contained in this application for marriage is true and correct. I further swear or affirm that this is my _____ (1st, 2nd, etc. number) marriage but that I am not currently married to anyone else, and that I am free to marry under the laws of the State of Louisiana. I further understand and acknowledge that giving any false information or false statement in this application for marriage shall constitute the crime of filing a false public record in violation of the Louisiana Criminal Code (R.S. 14:133).

Signature of **Party B** _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Signature of Notary Public or Deputy Clerk of Court _____ Notary ID _____

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|---------------------|---------------------------------------|--|--------------------|--------------|
| CONFIDENTIAL | Party A | Social Security Number (If none, attach statement) | Keep Confidential? | Phone Number |
| | Party B | Social Security Number (If none, attach statement) | Keep Confidential? | Phone Number |
| | Mailing Address AFTER Marriage: _____ | | | |