

Application for Marriage License

License Number

State of Louisiana

Date of Application

Time of Application

PARTY A Sex: Male Female

Check if consanguineous or adoptive relationship

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

PARTY B Sex: Male Female

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

Covenant Marriage

Is this a Covenant Marriage? YES NO (If YES, complete below):

We, _____ and _____ do hereby declare our intent to contract a Covenant Marriage and, accordingly, have executed a declaration of intent attached hereto.

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 _____

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: _____			