

Application for Marriage License

State of Louisiana

Date of Application

Time of Application

License Number:

Check if consanguineous or adoptive relationship

PARTY A	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
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<input type="checkbox"/> SPOUSE	Last Name	Suffix	First Name	Middle Name
	Last Name Before Marriage (if different than current legal last name)			Phone Number
<input type="checkbox"/> BRIDE	Residence Address			City
	Parish/County	State	Zip	Address within city limits? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> GROOM	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: <input type="checkbox"/> Male <input type="checkbox"/> Female	
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<input type="checkbox"/> SPOUSE	Last Name	Suffix	First Name	Middle Name
	Last Name Before Marriage (if different than current legal last name)			Phone Number
<input type="checkbox"/> BRIDE	Residence Address			City
	Parish/County	State	Zip	Address within city limits? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> GROOM	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? <input type="checkbox"/> YES <input type="checkbox"/> 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.
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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):
Social Security Number: (If none, attach statement)		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):
Social Security Number: (If none, attach statement)		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).

Do not sign until instructed by Vital Records Staff or Notary 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).

Do not sign until instructed by Vital Records Staff or Notary 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 _____