

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			
SPOUSE	Last Name		Suffix	First Name	Middle Name
	Last Name Before First Marriage (If different than current legal last name)				
GROOM	Residence Address				
	IS RESIDENCE INSIDE CITY LIMITS? YES [] NO []				
BRIDE	City	Parish/County		State	ZIP
	Race	Date of Birth	Place of Birth (city, state, country)		
PARTY A :	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)	

PARTY B	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female				
SPOUSE	Last Name		Suffix	First Name	Middle Name
	Last Name Before First Marriage (If different than current legal last name)				
GROOM	Residence Address				
	IS RESIDENCE INSIDE CITY LIMITS? YES [] NO [X]				
BRIDE	City	Parish/County		State	ZIP
	Race	Date of Birth	Place of Birth (city, state, country)		
PARTY B :	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)	

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)
	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 bride/groom/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 bride/groom/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: _____				