

Application for Marriage License

State of Louisiana

License Number

Date of Application

Time of Application

Check if consanguaneous or adoptive relationship

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

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

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 | | |

_____, (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 _____

_____, (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 _____

| | | | |
|---------------------------------------|--|--------------------|--------------|
| 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: _____ | | | |