

Application for Marriage License
State of Louisiana

License Number

Date of Application

Time of Application

PARTY A

Sex: ☐ Male ☐ Female

☐ Check if consanguineous or adoptive relationship

| | | | | | |
|---|---|---------------|---|------------|-------------|
| <input type="checkbox"/> SPOUSE <input type="checkbox"/> BRIDE <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"/> PARTY A: | Residence Address | | | | |
| | City | Parish/County | | State | ZIP |
| | 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) | | |

PARTY B

Sex: ☐ Male ☐ Female

| | | | | | |
|---|---|---------------|---|------------|-------------|
| <input type="checkbox"/> SPOUSE <input type="checkbox"/> GROOM <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"/> PARTY B: | Residence Address | | | | |
| | City | Parish/County | | State | ZIP |
| | 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) | | |

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: _____ | | | |

Rev 11/15