

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

<div><div>SPOUSE</div><div><input type="checkbox"/></div><div>BRIDE</div><div><input type="checkbox"/></div><div>GROOM</div><div><input type="checkbox"/></div></div>	Last Name		Suffix	First Name		Middle Name
	Last Name Before First Marriage (if different than current legal last name)					
	Residence Address					
	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: ☐ Male ☐ Female

<div><div>SPOUSE</div><div><input type="checkbox"/></div><div>GROOM</div><div><input type="checkbox"/></div><div>BRIDE</div><div><input type="checkbox"/></div></div>	Last Name		Suffix	First Name		Middle Name
	Last Name Before First Marriage (if different than current legal last name)					
	Residence Address					
	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? ☐ 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: _____			