

Application for Marriage

License Number

State of Louisiana

Date of Application

Time of Application

PARTY A	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
----------------	--

Check if consanguineous 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)			
Residence Address				
City		Parish/County		State
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
----------------	--

<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)			
Residence Address				
City		Parish/County		State
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	<p>Is this a Covenant Marriage? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, complete below):</p> <p>We, _____ and _____ do hereby declare our intent to contract a Covenant Marriage and, accordingly, have executed a declaration of intent attached hereto.</p>
--------------------------	---

Party A	Formerly Married?	Number of Previous Marriages?	Currently Divorced?	Date Last Marriage Ended (mm/yy)
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Highest Education Completed:			Reason Last Marriage Ended <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Annulment	
Party B	Formerly Married?	Number of Previous Marriages?	Currently Divorced?	Date Last Marriage Ended (mm/yy)
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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: _____		