

# Application for Marriage

License Number

State of Louisiana

Date of Application

Time of Application

**PARTY A** Sex:  Male  Female

Check if consanguineous relationship

<input type="checkbox"/> SPOUSE <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"/> GROOM <input type="checkbox"/> BRIDE	Residence Address			
	City	Parish/County	State	ZIP
PARTY A:	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	Last Name	Suffix	First Name	Middle Name
	Last Name Before First Marriage (if different than current legal last name)			
<input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM	Residence Address			
	City	Parish/County	State	ZIP
PARTY B:	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.

<b>Party A</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
<b>Party B</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 \_\_\_\_\_

<b>CONFIDENTIAL</b>	<b>Party A</b>	Social Security Number (if none, attach statement)	Keep Confidential?	Phone Number
	<b>Party B</b>	Social Security Number (if none, attach statement)	Keep Confidential?	Phone Number

Mailing Address AFTER Marriage: \_\_\_\_\_