

Application for Marriage License

State of Louisiana

Orleans Parish

Date of Application

Time of Application

Check if consanguineous or adoptive relationship

Bureau of Vital Records and Statistics

Anticipated Date of Marriage:

License Number:

PARTY A Sex: Male Female

<input type="checkbox"/> SPOUSE	Last Name		Suffix	First Name	Middle Name
	Last Name Before First Marriage (if different than current legal last name)				Phone Number
<input type="checkbox"/> BRIDE	Residence Address				City
	Parish/County	State	ZIP	Address within city limits? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> GROOM	Race	Date of Birth	Place of Birth (city, state, country)		
	Mother/Parent's Name (before first marriage)		Mother/Parent's Birthplace (city, state, country)		
PARTY A:	Father/Parent's Name (before first marriage)		Father/Parent's Birthplace (city, state, country)		

PARTY B Sex: Male Female

<input type="checkbox"/> SPOUSE	Last Name		Suffix	First Name	Middle Name
	Last Name Before First Marriage (if different than current legal last name)				Phone Number
<input type="checkbox"/> GROOM	Residence Address				City
	Parish/County	State	ZIP	Address within city limits? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> BRIDE	Race	Date of Birth	Place of Birth (city, state, country)		
	Mother/Parent's Name (before first marriage)		Mother/Parent's Birthplace (city, state, country)		
PARTY B:	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):
Social Security Number: (If none, attach statement)		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):
Social Security Number: (If none, attach statement)		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).

STOP Do not sign until instructed by Vital Records Staff or Notary Signature of **Party A** _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Signature of Notary Public or Vital Records Marriage Office Staff _____ 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).

STOP Do not sign until instructed by Vital Records Staff or Notary Signature of **Party B** _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Signature of Notary Public or Vital Records Marriage Office Staff _____ Notary ID _____