



State of Louisiana
Louisiana Department of Health
Office of Public Health

Louisiana Marriage Officiant Registration Affidavit

Parish Where Marriages Principally Performed _____

BEFORE ME, the undersigned notary, personally came and appeared
_____, who being first sworn by my deposed and
stated:

That he/she/they/them is a priest, minister, rabbi, clerk of the Religious Society of
Friends, or any clergyman of _____,
(Name of church, denomination, and location)

That he/she/they/them is a resident of _____,
(Street Address)
_____, _____, _____,
(City) (State) (ZIP)

And, that he/she/they/them makes this affidavit for the purpose of registering as a
person authorized to celebrate marriages in the State and Parish as required by
LSA-R.S. 9:204.

Signature of Officiant: _____

Sworn and subscribed before me this ____ day of _____, _____

My Notary State Registration Number _____ expires on _____

Notary State (if not Louisiana): _____

Notary Signature: _____

REQUIRED ATTACHMENTS:

- Photocopy of ID or Driver's License
- Photocopy of Ordination Certificate

Return completed form by mail to Clerk of
Court in parish where marriages will be
principally performed. If Orleans Parish,
return form to: **Bureau of Vital Records
and Statistics Attn: Marriage Office
P.O. Box 60630 New Orleans, LA 70160**

To receive a confirmation email of your officiant registration, please provide an email
address: _____ (please print legibly)