

Application for Marriage License

License Number
(Leave blank)

State of Louisiana
Terrebonne Parish

Date of Application

Time of Application
(Leave both blank)

PARTY A Sex: Male Female

Check if consanguineous or adoptive relationship

Last Name		First Name		Middle Name	
Suffix					
Residence Address					
City	Parish/County		State	ZIP	
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

Last Name		First Name		Middle Name	
Suffix					
Residence Address					
City	Parish/County		State	ZIP	
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? <input type="checkbox"/> YES <input type="checkbox"/> 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	

STOP HERE! DO NOT FILL OUT FORM BELOW THIS LINE. THE REMAINDER MUST BE COMPLETED IN FRONT OF A DEPUTY CLERK OF COURT OR NOTARY.

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 _____

Party A Social Security Number: XXX-XX-____ Phone: _____
Party B Social Security Number: XXX-XX-____ Phone: _____

All information regarding SSN
and telephone is kept
confidential.