MARRIAGE LICENSE REQUIREMENTS

MUST BE 18 YEARS OF AGE OR OLDER

Juveniles 17 or younger must have consent of both parents
Both parents must sign affidavit of consent
Judge must sign waiver

PROOF OF IDENTIFICATION

Drivers License or Photo ID for both parties

ORIGINAL CERTIFIED BIRTH CERTIFICATES FOR BOTH PARTIES
Foreign Birth Certificates need to be **TRANSLATED** in **ENGLISH**
Social Security Numbers

IN CASE OF DIVORCE

CERTIFIED Copy of Divorce Judgment is required
30 day waiting period after Divorce Judgment is signed by Judge

IF SPOUSE IS DECEASED

Copy of Death Certificate

Marriage License is **VALID** for **30** DAYS FROM DATE OF ISSUANCE

APPLICATION FEE $37.50

Pursuant to Act 243 R.S. 13:841 D.; R.S. 40:40(6); R.S. 46:2126
$15.00 + $5.00 each copy
$5.00 each certified copy
$12.50 domestic violence
Fee includes a Certified Copy to be mailed to you after Marriage

MONEY ORDERS ONLY FOR THE <u>LAPLACE OFFICE</u>

_____

ST. JOHN THE BAPTIST PARISH
ELIANA DEFRANCESCH CLERK OF COURT
MARRIAGE LICENSE APPLICATION

GROOM NAME (LAST) (FIRST) (MIDDLE)

_____

PHYSICAL ADDRESS CITY & STATE ZIP CODE PARISH/COUNTY

_____

DOB _____ RACE _____ SS# _____ BIRTH STATE_____

NO. OF THIS MARRIAGE_____ IF PREVIOUSLY MARRIED HOW ENDED _____ DATE _____

GRADE COMPLETED _____(1-12) COLLEGE _____(1-5)

FATHER FULL NAME _____ BIRTH STATE_____

MOTHER FIRST & MAIDEN NAME_____ BIRTH STATE _____

BRIDE MAIDEN (LAST) (FIRST) (MIDDLE)

_____

PHYSICAL ADDRESS CITY & STATE ZIP CODE PARISH/COUNTY

_____

DOB _____ RACE _____ SS# _____ BIRTH STATE_____

NO. OF THIS MARRIAGE _____ IF PREVIOUSLY MARRIED HOW ENDED _____ DATE _____

GRADE COMPLETED _____(1-12) COLLEGE _____(1-5)

FATHER FULL NAME _____ BIRTH STATE_____

MOTHER FIRST & MAIDEN NAME_____ BIRTH STATE _____

COVENANT MARRIAGE _____ (Y/N) RELATIONSHIP _____

FULL NAME OF COUPLE MAILING ADDRESS AFTER WEDDING TELEPHONE NUMBER