APPLICATION

LICENSE NO. _____ STATE OF LOUISIANA CERTIFICATE OF MARRIAGE STATE FILE NO. _____

GROOM

1A. LAST NAME OF GROOM	1B. FIRST NAME	1C. SECOND NAME

2. USUAL RESIDENCE - CITY, TOWN, OR LOCATION	3. IS RESIDENCE INSIDE CITY LIMITS? YES [ ] NO [ ]	4. PARISH/COUNTY	5. STATE

6. RACE	7. DATE OF BIRTH (Month-Day-Year)	8A. STATE OF BIRTH (If not in U.S.A., Name Country)	8B. SOCIAL SECURITY NUMBER

9. FATHER - NAME	10. STATE OF BIRTH (If not in U.S.A., Name Country)	11. MOTHER - MAIDEN NAME and FIRST NAME	12. STATE OF BIRTH (If not in U.S.A., Name Country)

BRIDE

13A. LAST NAME OF BRIDE	13B. FIRST NAME	13C. SECOND NAME	13D. MAIDEN NAME (If different)

14. USUAL RESIDENCE - CITY, TOWN, OR LOCATION	15. IS RESIDENCE INSIDE, CITY LIMITS? YES [ ] NO [ ]	16. PARISH/COUNTY	17. STATE

18. RACE	19. DATE OF BIRTH (Month-Day-Year)	20A. STATE OF BIRTH (If not in U.S.A., Name Country)	20B. SOCIAL SECURITY NUMBER

21. FATHER - NAME	22. STATE OF BIRTH (If not in U.S.A., Name Country)	23. MOTHER - MAIDEN NAME and FIRST NAME	24. STATE OF BIRTH (If not in U.S.A., Name Country)

COVENANT MARRIAGES

24A. Covenant Marriage: yes [ ] no [ ] (If yes, complete the following statement.)

We, _____ and _____ do hereby declare our intent to contract a Covenant Marriage and, accordingly, have executed a declaration of intent attached hereto.

CONFIDENTIAL INFORMATION. THE INFORMATON BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.

GROOM

NO. OF THIS MARRIAGE	IF PREVIOUSLY MARRIED	DATE		EDUCATION - CIRCLE HIGHEST GRADE COMPLETED		
1st, 2nd, etc. (Specify)	Last Marriage Ended by - Death, Divorce, or Annulment (Specify)	Month	Year	Elementary 0, 1, 2, 3, 4, . . . or 8	High School 1, 2, 3, or 4	College 1, 2, 3, 4, or 5

BRIDE

NO. OF THIS MARRIAGE	IF PREVIOUSLY MARRIED	DATE		EDUCATION - CIRCLE HIGHEST GRADE COMPLETED		
1st, 2nd, etc. (Specify)	Last Marriage Ended By - Death, Divorce, or Annulment (Specify)	Month	Year	Elementary 0, 1, 2, 3, 4, . . . or 8	High School 1, 2, 3, or 4	College 1, 2, 3, 4, or 5

Consanguineous or Adoptive Relationship

(10/90) DHH, OFFICE OF PUBLIC HEALTH, VITAL RECORDS REGISTRY

GIVE FULL NAMES OF COUPLE, ADDRESS AFTER THE WEDDING AND A TELEPHONE NUMBER TO BE CONTACTED.

FULL NAME OF COUPLE ADDRESS AFTER WEDDING TELEPHONE NUMBE

"THIS MARRIAGE LICENSE IS GOOD FOR THIRTY(30) DAYS ONLY."

"MUST WAIT 72 HOURS BEFORE THE WEDDING CEREMONY AFTER RECEIVING LICENSE."