

MARRIAGE LICENSE APPLICATION

Rev. 4/2022

1. THE COST OF THE LICENSE IS **\$32.50**, WE ACCEPT CASH OR A LOCAL CHECK. MARRIAGE LICENSE ARE ISSUED AT THE CLERK'S OFFICE BETWEEN 8:00 AM TO 4:00 PM, MONDAY – FRIDAY, THE CLERK'S OFFICE DOES NOT ISSUE LICENSE AFTER 4:00 PM (UNLESS SPECIAL CIRCUMSTANCES)
2. BOTH APPLICANTS WILL NEED: VALID STATE ID AND ORIGINAL BIRTH CERTIFICATE. FOREIGN BIRTH CERTIFICATES NEED TO BE TRANSLATED. ONLY ONE APPLICANT MUST BE PRESENT AT TIME OF ISSUANCE.
3. IF YOU HAVE BEEN MARRIED BEFORE, YOU MUST KNOW THE MONTH DATE AND YEAR OF THE DIVORCE OR DEATH OF YOUR PRIOR SPOUSE(S), AS WELL AS MAIDEN NAMES, WHEN APPLICABLE. **DIVORCE PAPERS ARE NECESSARY IF YOUR DIVORCE WAS FINALIZED WITHIN LAST 30 DAYS.**
4. APPLICANTS UNDER THE AGE OF 18 MUST MAKE AN APPOINTMENT WITH THE JUDGES OFFICE TO HAVE A COURT ORDER ISSUED BEFORE THE LICENSED IS ISSUED. BOTH PARENTS MUST BE PRESENT. IF ONE PARENT HAS CUSTODY, A CERTIFIED COPY OF THE CUSTODY PAPERS MUST BE PRESENTED.
6. THERE IS A **24-HOUR WAITING PERIOD BEFORE THE MARRIAGE CEREMONY**. YOU MUST GET MARRIED WITHIN **30 DAYS** OF THE LICENSE BEING ISSUED. CEREMONY MUST TAKE PLACE IN THE STATE OF LOUISIANA.
7. **IS THIS A COVENANT MARRIAGE? () YES () NO (BOTH APPLICANTS MUST BE PRESENT) AND COVENANT DOCUMENTS MUST BE PRESENTED AT TIME THE LICENSE IS ISSUED.**

PARTY "A" SEX (CIRCLE ONE) MALE FEMALE

PARTY TYPE: (CIRCLE ONE) GROOM BRIDE SPOUSE

NAME: _____

(LAST) (FIRST) (MIDDLE) (MAIDEN)

ADDRESS: _____
STREET/PO BOX CITY STATE ZIP CODE

IS RESIDENCE INSIDE CITY LIMITS? () YES () NO

PARISH/COUNTY: _____ STATE: _____

SSN: _____ PHONE # () _____ RACE: _____

DATE OF BIRTH: _____ AGE: _____ STATE OF BIRTH: _____

EDUCATION: HIGEST GRADE COMPLETED _____ OR # YEARS OF COLLEGE _____

FATHER – NAME: _____ STATE OF BIRTH: _____
(IF NOT IN U.S.A., NAME COUNTRY)

MOTHER – NAME _____ STATE OF BIRTH: _____
(INCLUDE MAIDEN NAME) (IF NOT IN U.S.A., NAME COUNTRY)

HAVE YOU BEEN MARRIED BEFORE? () NO () YES -- CURRENTLY DIVORCED () NO () YES

NUMBER OF PREVIOUS MARRIAGES _____ DATE LAST MARRIAGE ENDED _____
MM/DD/YEAR

REASON LAST MARRIAGE ENDED () DEATH () DIVORCE () ANNULMENT

PARTY "B" SEX (CIRCLE ONE) MALE FEMALE

PARTY TYPE: (CIRCLE ONE) GROOM BRIDE SPOUSE

NAME: _____

(LAST) (FIRST) (MIDDLE) (MAIDEN)

ADDRESS: _____
STREET/PO BOX CITY STATE ZIP CODE

IS RESIDENCE INSIDE CITY LIMITS? () YES () NO

PARISH/COUNTY: _____ STATE: _____

SSN: _____ PHONE # () _____ RACE: _____

DATE OF BIRTH: _____ AGE: _____ STATE OF BIRTH: _____

EDUCATION: HIGEST GRADE COMPLETED _____ OR # YEARS OF COLLEGE _____

FATHER – NAME: _____ STATE OF BIRTH: _____
(IF NOT IN U.S.A., NAME COUNTRY)

MOTHER – NAME _____ STATE OF BIRTH: _____
(INCLUDE MAIDEN NAME) (IF NOT IN U.S.A., NAME COUNTRY)

HAVE YOU BEEN MARRIED BEFORE? () NO () YES -- CURRENTLY DIVORCED () NO () YES

NUMBER OF PREVIOUS MARRIAGES _____ DATE LAST MARRIAGE ENDED _____
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REASON LAST MARRIAGE ENDED () DEATH () DIVORCE () ANNULMENT