License Number

Application for Marriage License

State of Louisiana

(Leave blank) Terrebonne Parish

Check if consanguineous or adoptive relationship

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARTY A** 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) | | | |

Date of Application

Time of Application

(Leave both blank)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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) | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Party A** | Formerly Married?  Yes | No | Number of Previous Marriages? | Currently Divorced  Yes No | Date Last Marriage Ended (mm/dd/yy) | | | |
| Highest Education Completed: | | | Reason Last Marriage Ended | Divorce | Death | | Annulment |
| **Party B** | Formerly Married?  Yes No | | Number of Previous Marriages? | Currently Divorced?  Yes No | Date Last Marriage Ended (mm/dd/yy) | | | |
| Highest Education Completed: | | | Reason Last Marriage Ended | Divorce | | Death | Annulment |

**PARTY A**: SOCIAL SECURITY NUMBER XXX-XX-\_\_\_\_\_\_\_\_\_ PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARTY B:** SOCIAL SECURITY NUMBER XXX-XX-\_\_\_\_\_\_\_\_\_ PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(If YES, complete below):

NO

YES

Is this a Covenant Marriage?

Covenant Marriage

All information regarding SSN and phone number is kept confidential.

Revised 04/18/2023