

**STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
VITAL RECORDS REGISTRY**

MARRIAGE OFFICIANT REGISTRATION AFFIDAVIT

STATE OF _____

PARISH OF _____

BEFORE ME, the undersigned notary, personally came and appeared

_____, who being first sworn by me deposed and stated:

(Print Officiant's Name)

That he (she) is a priest, minister, rabbi, clerk of the Religious Society of Friends, or any clergyman or any religious sect, who is authorized by the authorities of his religion to perform marriages and officiates principally at

_____,
(Name of church or location)

That he (she) is a resident of _____,
(Street Address)

_____, _____, _____
(City) (State) (Zip Code)

And, that he (she) makes this affidavit for the purpose of registering as a person authorized to celebrate marriages in the State and Parish as required by LSA-R.S. 9:202 (1).

Signature of Officiant: _____

Sworn and subscribed before me this _____ day of _____, _____

My Notary State Registration Number _____ Expires on _____