

NUMBER OF THIS MARRIAGE

Circle Highest

Completed:

EDUCATION

APPLICATION FOR ORLEANS PARISH MARRIAGE LICENSE

Center for Records and Statistics P.O. Box 60630 New Orleans, LA 70160	ANTICIPATED DATE OF MARRIAGE				
	ne Number		Phone Number 2		
Check if Consanguineous or Adoptive Relationship					
LAST NAME OF PARTY A (prior to first marriage)					
DATE OF BIRTH SOCIAL SECURITY NUMBER* *If none, attach completed and signed Statement of No SSN					
		<u></u>		U YES	□ NO
COUNTRY OF BIRTH STA	TE OF BIRTH P	ARISH OR COUNTY	CITY OF BIRTH	IN CITY	LIMITS?
RESIDENCE ADDRESS APT	#/OTHER CC	OUNTRY ST.	ATE PARISH OR COUNTY	CITY	ZIP CODE
FATHER'S NAME (LAST)	FIRST	MIDDLE	COUNTRY of birth (if not US)	STATE	CITY
MOTHER'S NAME (MAIDEN)	FIRST	MIDDLE	COUNTRY of birth (if not US)	STATE	CITY
NUMBER OF THIS MARRIAGE DIVORCE DEATH ANNULMENT REASON LAST MARRIAGE ENDED DATE LAST MARRIAGE ENDED RACE EDUCATION Circle Highest ELEMENTARY HIGH SCHOOL COLLEGE Or Select Highest Completed: 0 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5+ Or Select Highest Completed: Complet					
LAST NAME OF PARTY B (prior to first marriag	e) GROOM	*If none, attach comp	FIRST NAME	SECOND OR MIDE	DLE NAME SUFFIX
DATE OF BIRTH SOCIAL SECURITY NUMBER* signed Statement of No SSN SEX					
COUNTRY OF BIRTH STA	TE OF BIRTH PA	ARISH OR COUNTY	CITY OF BIRTH	IN CITY	
RESIDENCE ADDRESS APT	r #/other cc	DUNTRY ST	PARISH OR COUNTY	CITY	ZIP CODE
FATHER'S NAME (LAST)	FIRST	MIDDLE	COUNTRY of birth (if not US)	STATE	CITY
MOTHER'S NAME (MAIDEN)	FIRST	MIDDLE	COUNTRY of birth (if not US)	STATE	CITY

REASON LAST MARRIAGE ENDED

0 1 2 3 4 5 6 7 8 9 10 11 12

HIGH SCHOOL

ELEMENTARY

RACE

DATE LAST MARRIAGE ENDED

Or Select Highest

Completed:

COLLEGE

12345+