

APPLICATION FOR ORLEANS PARISH MARRIAGE LICENSE

Center for Records and Statistics

P.O. Box 60630
 New Orleans, LA 70160

ANTICIPATED DATE OF MARRIAGE

Phone Number Phone Number 2



Check if Consanguineous or Adoptive Relationship

<input type="radio"/> GROOM <input type="radio"/> BRIDE <input type="radio"/> SPOUSE		_____ LAST NAME OF PARTY A (prior to first marriage)		_____ FIRST NAME		_____ SECOND OR MIDDLE NAME		_____ SUFFIX	
_____ DATE OF BIRTH		_____ SOCIAL SECURITY NUMBER*		*If none, attach completed and signed <i>Statement of No SSN</i>		_____ SEX			
_____ COUNTRY OF BIRTH		_____ STATE OF BIRTH		_____ PARISH OR COUNTY		_____ CITY OF BIRTH		<input type="checkbox"/> YES <input type="checkbox"/> NO IN CITY LIMITS?	
_____ RESIDENCE ADDRESS		_____ APT #/OTHER		_____ COUNTRY		_____ STATE		_____ PARISH OR COUNTY	
_____ FATHER'S NAME (LAST)		_____ FIRST		_____ MIDDLE		_____ COUNTRY of birth (if not US)		_____ STATE	
_____ MOTHER'S NAME (MAIDEN)		_____ FIRST		_____ MIDDLE		_____ COUNTRY of birth (if not US)		_____ STATE	
_____ NUMBER OF THIS MARRIAGE		<input type="checkbox"/> DIVORCE <input type="checkbox"/> DEATH <input type="checkbox"/> ANNULMENT REASON LAST MARRIAGE ENDED		_____ DATE LAST MARRIAGE ENDED		_____ RACE			
EDUCATION		Circle Highest Completed:		ELEMENTARY 0 1 2 3 4 5 6 7 8		HIGH SCHOOL 9 10 11 12		COLLEGE 1 2 3 4 5+	
						Or Select Highest Completed:		<input type="text"/>	

<input type="radio"/> GROOM <input type="radio"/> BRIDE <input type="radio"/> SPOUSE		_____ LAST NAME OF PARTY B (prior to first marriage)		_____ FIRST NAME		_____ SECOND OR MIDDLE NAME		_____ SUFFIX	
_____ DATE OF BIRTH		_____ SOCIAL SECURITY NUMBER*		*If none, attach completed and signed <i>Statement of No SSN</i>		_____ SEX			
_____ COUNTRY OF BIRTH		_____ STATE OF BIRTH		_____ PARISH OR COUNTY		_____ CITY OF BIRTH		<input type="checkbox"/> YES <input type="checkbox"/> NO IN CITY LIMITS?	
_____ RESIDENCE ADDRESS		_____ APT #/OTHER		_____ COUNTRY		_____ STATE		_____ PARISH OR COUNTY	
_____ FATHER'S NAME (LAST)		_____ FIRST		_____ MIDDLE		_____ COUNTRY of birth (if not US)		_____ STATE	
_____ MOTHER'S NAME (MAIDEN)		_____ FIRST		_____ MIDDLE		_____ COUNTRY of birth (if not US)		_____ STATE	
_____ NUMBER OF THIS MARRIAGE		<input type="checkbox"/> DIVORCE <input type="checkbox"/> DEATH <input type="checkbox"/> ANNULMENT REASON LAST MARRIAGE ENDED		_____ DATE LAST MARRIAGE ENDED		_____ RACE			
EDUCATION		Circle Highest Completed:		ELEMENTARY 0 1 2 3 4 5 6 7 8		HIGH SCHOOL 9 10 11 12		COLLEGE 1 2 3 4 5+	
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