



**State of Louisiana**  
Louisiana Department of Health  
Office of Public Health

**COVENANT MARRIAGE  
Affidavit and Attestation**

STATE OF \_\_\_\_\_

PARISH OF \_\_\_\_\_

BEFORE ME, the undersigned Notary Public, personally came and appeared:

\_\_\_\_\_ and \_\_\_\_\_  
(Name of Spouse) (Name of Spouse)

who being duly sworn, deposed and said that they received premarital counseling from

\_\_\_\_\_, \_\_\_\_\_  
(Name of Counselor) (Title of Counselor)

which counseling included a discussion of the seriousness of covenant marriage, communication of the fact that a covenant marriage is a commitment for life, a discussion of the obligation to seek marital counseling in time of marital difficulties, and a discussion of the grounds for legally terminating a covenant marriage by divorce after a judgment of separation from bed and board.

\_\_\_\_\_  
(Signature of Spouse) (Signature of Spouse)

ALSO BEFORE ME, the undersigned Notary Public, personally came and appeared:

\_\_\_\_\_ who being duly sworn, deposed and said  
(Name of Counselor)

that \_\_\_\_\_ counseled the above couple as to the nature and purpose of  
(he/she/them/they)

marriage and the grounds of termination thereof and provided a copy of the pamphlet entitled Covenant Marriage Act to the couple entering into the Covenant Marriage.

\_\_\_\_\_  
(Signature of Counselor)

**SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,  
20 \_\_\_\_\_.**

\_\_\_\_\_  
(Seal and Signature of Notary Public)