



St. Martin Parish
SHERIFF
RONALD J. THERIOT

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Bar Card Application

(Please Print Clearly)

Date: _____

Name: _____
First Middle Initial Last

Physical Address: _____

City: _____ State: _____

Date of Birth: _____ Day Time Phone #: () _____

Height: _____ Weight: _____ Race: _____ Gender: _____

Social Security #: _____ Driver's License #: _____ State: _____

Place of Employment: (For Bar Card): _____

Phone Number: () _____ Address: _____

City: _____ Length of Employment: _____

***** Any false information provided will cancel your application for a bar card in St. Martin Parish*****

Applicant's Signature: _____