



MARRIAGE REGISTRATION FORM

This form must be sent to the Chancery: (a) if a dispensation, permission or nihil obstat is needed (see page 4); (b) if the marriage will take place in another diocese; (c) if there is a question about the marriage.

PLEASE PRINT

GROOM		BRIDE	
RELIGION	AGE	RELIGION	AGE
DATE of marriage / Validation		<input type="checkbox"/> Validation DATE of Civil Marriage: _____	<input type="checkbox"/> Mixed Marriage <input type="checkbox"/> Teenage Marriage
PRIEST/PASTORAL MINISTER arranging marriage			
CLERGYMAN officiating			
Denomination			<input type="checkbox"/> Delegation received
Church of marriage			
Denomination			
City, State, Zip			

Best Man	Maid/Matron of Honor
_____	_____

It should be established whether the bride or groom is truly a parishioner: validity demands that a pastor marry only "his own subjects." "Priest/Pastoral Minister arranging marriage" (above) is to see to all pre-marriage instructions and paperwork.

DELEGATION

Delegation to witness the marriage is needed for the VALIDITY of the marriage if the person officiating is not the pastor or associate pastor of the parish in which the marriage takes place.

Delegation is granted by: _____

Parish _____ Date _____

TESTIMONIAL LETTER FROM ANOTHER DIOCESE

(When the forms are filled out in another diocese, they should be sent to the local chancery to be forwarded to the diocesan chancery within which the marriage is to take place.)

Delegate of Bishop: _____

Diocese _____ Date _____

PERMISSION

If the marriage will take place in a parish other than that (a) of both Catholic parties, or (b) of the Catholic party in a mixed marriage, permission of their own pastor is required. Letter suffices.

Permission is granted by: _____

Date _____ Parish _____ City, State _____

(Each party should be interviewed. The interviewer should propose the questions and write the answers. The parties may be interviewed separately at the discretion of the interviewer.)

GROOM

BRIDE

PLEASE PRINT

PLEASE PRINT

Full Name		
Address		
City, State, Zip		
Home Phone		
Work Phone		
Parish Residence		
Father's Name		
Religion		
Mother's (maiden) Name		
Religion		
Parents' Address		
Your date of birth		
Religion you profess		
Baptized	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Baptism		
Denomination		
Church of Baptism		
City, State, Zip		
Convert to Catholicism	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Church of Baptism/Profession of Faith		
City, State, Zip		
First Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extent you practice your faith	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Length of exclusive courtship		

After Marriage:

- a) *Record marriage and file papers in parish of marriage.*
- b) *Send notice of marriage to Catholic parties' parishes of baptism.*
- c) *If wedding takes place in non-Catholic church: record marriage and file papers in parish of priest/pastoral minister arranging the marriage. Send marriage notice to local chancery.*

GROOM

BRIDE

PLEASE PRINT

PLEASE PRINT

Have you ever received Holy Orders or made Religious Vows?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to each other by blood or marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any physical defect preventing you from marital intimacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any mental or emotional difficulties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend a life-long marriage, totally faithful to your spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend to give your spouse the right to have children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are these also the intentions of your fiancé?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you consenting to this marriage freely, without force of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you placing any conditions on your marriage? If so, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been married previously in a civil or religious ceremony? (if so, please complete the following questions)	<input type="checkbox"/> Yes <input type="checkbox"/> No How Often _____	<input type="checkbox"/> Yes <input type="checkbox"/> No How Often _____
GROOM: With whom? _____ When? _____		
Where? _____ Ended? _____ <small>(Date, Place of Annulment, Divorce, Death)</small>		
GROOM: With whom? _____ When? _____		
Where? _____ Ended? _____ <small>(Date, Place of Annulment, Divorce, Death)</small>		
BRIDE: With whom? _____ When? _____		
Where? _____ Ended? _____ <small>(Date, Place of Annulment, Divorce, Death)</small>		
BRIDE: With whom? _____ When? _____		
Where? _____ Ended? _____ <small>(Date, Place of Annulment, Divorce, Death)</small>		
Groom's Signature _____	<p><i>The following documents must be submitted if pertinent:</i></p> <p><i>Marriage license</i></p> <p><i>Divorce decree</i></p> <p><i>Annulment decree</i></p> <p><i>Death certificate</i></p>	
Bride's Signature _____		
Priest's/Pastoral Minister's Signature _____ Date _____		
Parish _____		
City, State, Zip _____		
Comments:		

Please include current baptismal certificate (both front and back) for Catholic parties

DISPENSATION/PERMISSION

DISPENSATION/PERMISSION is requested for:

- MIXED RELIGION & DISPARITY OF CULT "Ad cautelam", if baptized non-Catholic.
- DISPARITY OF CULT, if non-Catholic was never baptized.
- PERMISSION (of the Bishop specifically required in the following circumstances, C1071):
 Marriage of transients; marriage which cannot be recognized or celebrated in accord with the norm of civil law; marriage of a person who is bound by natural obligations toward another party or toward children, arising from a prior union; marriage of a person who has notoriously rejected the Catholic faith; marriage of a person who is bound by a censure; marriage of a minor child when the parents are unaware of it, or are reasonably opposed to it; marriage to be entered by means of a proxy, mentioned in Canon 1105.
- CONSANGUINITY, blood relationship to 4th degree of collateral line, Canon 1091.
- AFFINITY, any degree of direct line, Canon 1092.

REASONS FOR DISPENSATION (mark all that apply):

Reasons sufficient in themselves

- Danger of invalid marriage
- Well-founded hope of conversion
- Pregnancy
- Validation of invalid marriage

Supplementary reasons

- Public announcement already made
- All preparations made for wedding
- Other (specify)

DECLARATION AND PROMISE OF THE CATHOLIC PARTY

I reaffirm my faith in Jesus Christ, and with God's help I intend to continue living that faith in the Catholic Church. I promise to do all in my power to share the faith I have received with our children by having them baptized and raised as Catholics. We have discussed our religious beliefs and practices. We intend to be faithful to one another until death, and we intend a marriage which is permanent.

Signature (or) Verbal Consent

The required promise and declaration have been made by the Catholic party in my presence. The other party has been informed of this requirement, and he/she is aware of the promise and obligation on the part of the Catholic party.

Priest/Pastoral Minister

Parish Date

DISPENSATION FROM THE CANONICAL FORM OF MARRIAGE

This dispensation is intended for a religious marriage service in a non-Catholic church by a non-Catholic clergy person.



Reasons for Dispensation (mark all that apply):

- Significant relationship or friendship with non-Catholic clergy person.
- Particular church has special importance to the non-Catholic.
- Achieve family harmony, avoid family alienation.
- Other (specify)

Delegate of Bishop

Diocese Date

RESCRIPT



By virtue of the faculties granted to me, the dispensation/permission requested is herewith granted for the valid and licit celebration of matrimony.

Delegate of Bishop

Diocese Date

N.B. If dispensation is not used, please return to the Chancery with an explanation. A record of this dispensation will be kept at the Chancery.

NIHIL OBSTAT



This is required (a) if a dispensation is needed; (b) if marriage will take place in another diocese; (c) if parties have no fixed residence; (d) if there have been any previous attempts at marriage.

On the basis of the documents presented, there is no objection to the witnessing of this marriage.

Delegate of Bishop

Diocese Date

MARRIAGE PREPARATION PROGRAM ADDITIONAL INFORMATION

PROPOSED WEDDING DATE: _____

PROPOSED TIME: _____

GROOM

CELL PHONE: _____

EMAIL: _____

WHERE DO YOU ATTEND CURCH? _____

ARE YOU REGISTERED? Yes No

FREQUENCY OF CHURCH ATTENDANCE? Weekly Monthly Semiannually Never

EVER BEEN MARRIED BEFORE? Yes No

WHEN ENGAGED? _____

OCCUPATION? _____

WHERE EMPLOYED? _____

WORKING HOURS/DAYS? _____

LAST YEAR OF SCHOOL COMPLETED? _____

PROSPECTIVE BRIDE

CELL PHONE: _____

EMAIL: _____

WHERE DO YOU ATTEND CURCH? _____

ARE YOU REGISTERED? Yes No

FREQUENCY OF CHURCH ATTENDANCE? Weekly Monthly Semiannually Never

EVER BEEN MARRIED BEFORE? Yes No

WHEN ENGAGED? _____

OCCUPATION? _____

WHERE EMPLOYED? _____

WORKING HOURS/DAYS? _____

LAST YEAR OF SCHOOL COMPLETED? _____