

**DIOCESE OF KALAMAZOO**

215 North Westnedge Avenue

Kalamazoo, Michigan 49007

Protocol N. \_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_

**PRE-NUPTIAL QUESTIONNAIRE****PARISH CHURCH OF RECORD** \_\_\_\_\_**GROOM**

(Current legal name) \_\_\_\_\_

Address \_\_\_\_\_

(Street)

(City)

(County)

(State)

(Zip)

Parish \_\_\_\_\_

(City)

(State)

Date and Place of Birth \_\_\_\_\_

Telephone \_\_\_\_\_

(Home)

(Work)

(e-mail)

**BRIDE**

(Current legal name) \_\_\_\_\_

(Maiden Name) \_\_\_\_\_

Address \_\_\_\_\_

(Street)

(City)

(County)

(State)

(Zip)

Parish \_\_\_\_\_

(City)

(State)

Date and Place of Birth \_\_\_\_\_

Telephone \_\_\_\_\_

(Home)

(Work)

(e-mail)

Place of marriage \_\_\_\_\_

(if other than parish above)

(name of site)

(City)

(State)

Date and Hour of Ceremony \_\_\_\_\_

within mass? \_\_\_\_\_

(an *interfaith* marriage may not be celebrated at Mass)

Witness \_\_\_\_\_

Witness \_\_\_\_\_

Person Arranging Marriage \_\_\_\_\_

Person Officiating at Marriage \_\_\_\_\_

(delegation to witness the marriage may be required if the officiant is not the local pastor or parochial vicar.)

Convalidation (Date/Place/Officiant at prior ceremony) \_\_\_\_\_

**RECEIVED ON:****CHECK IF NEEDED:**

<input checked="" type="checkbox"/>	Civil Marriage License (number) _____ (county) _____
<input type="checkbox"/>	Record of Baptism/Profession of Faith for <b>GROOM</b>
<input type="checkbox"/>	Record of Baptism/Profession of Faith for <b>BRIDE</b>
<input type="checkbox"/>	Dispensation from ( ) <b>DISPARITY OF WORSHIP</b> ( ) <b>CANONICAL FORM</b> ( ) <b>OTHER IMPEDIMENT</b>
<input type="checkbox"/>	Permission for ( ) <b>MIXED RELIGION</b> ( ) <b>OTHER</b>
<input type="checkbox"/>	Declaration of Nullity/Dissolution of Bond Decree # _____
<input type="checkbox"/>	Delegation to Assist
<input type="checkbox"/>	<b>Other</b> ( ) Affidavits ( ) Divorce Decree ( ) Record of Death ( )

	GROOM		BRIDE	
Are you marrying of your own free will?	Yes	No*	Yes	No*
Is any person or any circumstance pressuring your decision?	Yes*	No	Yes*	No
Are you entering this marriage with any conditions or reservations?	Yes*	No	Yes*	No
Do you have any personal qualities or history not known to your intended spouse that might change (cancel) his/her willingness to marry you?	Yes*	No (Explain)	Yes*	No (Explain)
Have you or your intended spouse ever experienced a serious mental or emotional difficulty?	Yes*	No	Yes*	No
Have you or your intended spouse ever struggled with substance abuse?	Yes*	No	Yes*	No
(If you are under 18 years of age) Are your parents aware of and consenting to your marriage?	Yes	No* N/A	Yes	No* N/A

<b>PRIOR MARRIAGES</b>	Yes* No (If yes, please complete this section)	Yes* No (If yes, please complete this section)
Have you been previously married or divorce?		
Number of prior marriages**		
Name of prior spouse (include maiden name)		
Date and place of marriage		
Date and place of divorce		
If applicable, date and place of death		
Type of Decree/Declaration	Formal Documentary	Dissolution Lack of Form
Diocese of Record		
Date of Nullity/Dissolution Decree and protocol number		
Has a restriction been imposed?	Yes No	Yes No
If yes, has the restriction been lifted?	Yes No*	Yes No*
Are your natural and civil obligations for the care of your children and/or former spouse being satisfied?	Yes No*	Yes No

\*For such a reply, the matter is to be referred to the Chancery.

\*\* If more than one marriage has been celebrated, provide complete information for the other(s) on separate pages.

**BY YOUR SIGNATURE DO YOU SWEAR/AFFIRM THAT THE ANSWERS WHICH YOU HAVE GIVEN ARE TRUE?**

Bride's Signature \_\_\_\_\_ Date \_\_\_\_\_

Groom's Signature \_\_\_\_\_ Date \_\_\_\_\_

Priest or Delegate's Signature \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

DELEGATION TO OFFICATE	
Granted to _____	Date _____
Granted by _____	Title _____

**DATE COMPLETED: X**

	Marriage recorded in Parish Marriage Register
	Notification to RC Churches of Baptism/Profession of Faith for recording of marriage
	Received verification of entries made in the proper Parish Register

**GROOM****BRIDE**

Father's Name		
Religion (ritual Church)		
Mother's (maiden) Name		
Religion (ritual Church)		
Your Religion (ritual Church)		
Extent you practice your Religion	Regular   Occasional   Seldom   Never	Regular   Occasional   Seldom   Never

<b>IF CATHOLIC</b>		
Date of your Baptism/Profession of Faith		
Church of Baptism (and Rite)		
City/State of Baptism/Profession of Faith		
First Communion	Yes   No	Yes   No
Confirmation	Yes   No	Yes   No
Have you ever joined another Church or ecclesial community by Baptism, Confirmation, or a Profession of Faith/ Enrollment?	Yes   No Date	Yes   No Date
Have you returned to the Catholic Church?	Yes   No   N/A Date	Yes   No   N/A Date

<b>IF NOT A CATHOLIC</b>		
Have you been baptized?	Yes   No	Yes   No
Date of your Baptism		
Denomination		
Church of Baptism		
City/State of your Baptism		

Have you ever received Sacred Orders? (If yes, documentary proof of freedom is required.)	Yes*   No   N/A	Yes*   No   N/A
Have you ever made a Public Religious Profession? (If yes, documentary proof of freedom is required.)	Yes*   No	Yes*   No
Are you related to your intended spouse by blood, legal adoption, or marriage (as an in-law)?	Yes*   No	Yes*   No
Have you and your intended spouse seriously considered the rights and duties of marriage and believe you are capable of fulfilling them?	Yes   No*	Yes   No*
Do you agree without condition or reservation a) to give your spouse the right to have children?	Yes   No*	Yes   No*
b) to enter a life-long union with your spouse?	Yes   No*	Yes   No*
c) accept the obligation to be faithful to your spouse?	Yes   No*	Yes   No*

**PRE-NUPTIAL DECLARATION AND PROMISE BY THE CATHOLIC PARTY**

*for every marriage involving a non-Catholic, or one who has left the Catholic Church  
by a formal act, or one who has rejected the Catholic Church with notoriety*

I reaffirm my faith in Jesus Christ and with God's help intend to continue living that faith in the Catholic Church.

At the same time, I acknowledge the respect I owe to the conscience of my partner in marriage.

I promise to do all that I can to share the faith I have received with our children and to make every effort to have them baptized and reared as Catholics.

Signature: \_\_\_\_\_ ( ) Given orally.

**CERTIFICATION BY THE PERSON ARRANGING THE MARRIAGE**

*(Check all that apply)*

- ☐ The declaration and promise by the Catholic party has been made in my presence.
- ☐ The non-Catholic party has been informed of this declaration and promise.
- ☐ The parties have been instructed about the purposes and essential properties of marriage with its implications.  
No serious disagreements or reservations remain unresolved.
- ☐ All other conditions for a Mixed Marriage have been fulfilled.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISPENSATION/PERMISSION REQUEST**

*for the marriage noted on page one*

**\*PERMISSION** is requested for a marriage involving:

- ☐ MIXED RELIGION (Canons 1071-1, 4; 1124-1125): *a marriage between a Roman Catholic and a baptized non-Catholic with documentary proof of Christian baptism*
- ☐ OTHER (cf. Canon 1071-1): \_\_\_\_\_

*\*Permission may be granted either by the local Ordinary of the Catholic party or of the diocese where the marriage is to be celebrated.  
Permission is implied whenever a dispensation has been granted.*

**\*\*DISPENSATION** is requested from:

- ☐ DISPARITY OF WORSHIP (Canon 1086-1): *a marriage between a Roman Catholic and a certainly non-baptized person*
- ☐ DISPARITY OF WORSHIP *ad cautelam* (Canon 14): *a marriage between a Roman Catholic and a doubtfully baptized person or a marriage without documentary proof of Christian baptism*
- ☐ OTHER IMPEDIMENT: \_\_\_\_\_
- ☐ CANONICAL FORM (Canon 1127)

*\*\*All dispensations must be granted by the local Ordinary of the Catholic party for validity.*

**REASONS FOR GRANTING PERMISSION OR A DISPENSATION FROM MARRIAGE IMPEDIMENTS:** (check all that apply)

- ☐ Spiritual welfare of at least the Catholic party
- ☐ Danger of attempting a civil union
- ☐ Convalidation of an invalid/attempted marriage
- ☐ Other \_\_\_\_\_

**REASONS FOR GRANTING A DISPENSATION FROM CANONICAL FORM OF MARRIAGE:** (check all that apply)

- ☐ To achieve family harmony or to avoid family alienation
- ☐ To obtain parental agreement to the marriage
- ☐ To permit marriage in a Church or ecclesial community of particular importance to the non-Catholic party
- ☐ To recognize a significant relationship or friendship with the non-Catholic officiant

**ADDITIONAL DATA FOR A MARRIAGE CEREMONY WITH A DISPENSATION FROM CANONICAL FORM:**

Site \_\_\_\_\_ City/County/State \_\_\_\_\_

Officiant \_\_\_\_\_  
(Name) (Title)

Address of Officiant \_\_\_\_\_  
(Street) (City/State)



DIOCESE OF KALAMAZOO  
215 North Westnedge Avenue  
Kalamazoo, Michigan 49007-3760  
269-349-8714 Ext. 1117

### PRE-NUPTIAL AFFIDAVIT I

**TWO Affidavits for either party are to be secured:**

- For every prospective spouse who is not Catholic
- For every Catholic spouse who is not well known to the parish priest.
- For either party whose Catholicity cannot be established by prior documentary proof\*

**NOTE:** The parish minister is to ask the questions and record the answers of the affiants, who should have known the prospective spouse since age 16.

**TESTIMONY ON BEHALF OF:** \_\_\_\_\_

- NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_
- How long have you known the person whose name appears above? \_\_\_\_\_ Your relationship: \_\_\_\_\_
- Has this person ever contracted or attempted marriage in the past? ☐ NO ☐ YES  
If yes, continue with this question, if no, go to question 4.) Type: ☐ Religious ☐ Civil ☐ Common Law  
How often: \_\_\_\_\_ With whom: \_\_\_\_\_  
Where: \_\_\_\_\_ How was it terminated? \_\_\_\_\_  
Was any prior marriage ever rectified by the Roman Catholic Church? ☐ NO ☐ YES  
(For multiple marriages supply the pertinent information on the reverse side of this form.)
- Is there any impediment or obstacle (e.g., blood relationship) to the forthcoming marriage of this person? ☐ NO ☐ YES  
If yes, please explain: \_\_\_\_\_
- Is this person mentally and physically capable of fulfilling a normal marital relationship? ☐ YES ☐ NO
- Does this person intend to enter into a permanent and faithful union without any restrictions regarding the procreation of children? ☐ YES ☐ NO  
If no, please explain: \_\_\_\_\_
- Is this person being forced in any way to enter marriage? ☐ NO ☐ YES  
If yes, please explain: \_\_\_\_\_
- (For a person under age 18) Do the parents/guardians know of and consent to the person's forthcoming marriage?  
☐ YES ☐ NO If no, please explain: \_\_\_\_\_

**( ) Check if pertinent: \*CATHOLIC BAPTISM/PROFESSION OF FAITH**

9. Has this person ever been a baptized or professed Catholic? ☐ YES ☐ NO If yes:  
Were you present at the ceremony? \_\_\_\_\_ Approximate age of recipient? \_\_\_\_\_  
Place (Site/address): \_\_\_\_\_  
How did you learn of the Baptism/Profession of Faith? \_\_\_\_\_

10. Do you swear to or affirm the truth of the above statements? ☐ YES ☐ NO

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Signature of Clergyman)

\_\_\_\_\_  
(Parish Seal)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Church/Address)

(CLERGYMAN'S OWN COMMENTS ON REVERSE SIDE)



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## PRE-NUPTIAL AFFIDAVIT II

### TWO Affidavits for either party are to be secured:

- For every prospective spouse who is not Catholic
- For every Catholic spouse who is not well known to the parish priest.
- For either party whose Catholicity cannot be established by prior documentary proof\*

**NOTE:** The parish minister is to ask the questions and record the answers of the affiants, who should have known the prospective spouse since age 16.

### TESTIMONY ON BEHALF OF: \_\_\_\_\_

- NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_
- How long have you known the person whose name appears above? \_\_\_\_\_ Your relationship: \_\_\_\_\_
- Has this person ever contracted or attempted marriage in the past? ☐ NO ☐ YES  
If yes, continue with this question, if no, go to question 4.) Type: ☐ Religious ☐ Civil ☐ Common Law  
How often: \_\_\_\_\_ With whom: \_\_\_\_\_  
Where: \_\_\_\_\_ How was it terminated? \_\_\_\_\_  
Was any prior marriage ever rectified by the Roman Catholic Church? ☐ NO ☐ YES  
(For multiple marriages supply the pertinent information on the reverse side of this form.)
- Is there any impediment or obstacle (e.g., blood relationship) to the forthcoming marriage of this person? ☐ NO ☐ YES  
If yes, please explain: \_\_\_\_\_
- Is this person mentally and physically capable of fulfilling a normal marital relationship? ☐ YES ☐ NO
- Does this person intend to enter into a permanent and faithful union without any restrictions regarding the procreation of children? ☐ YES ☐ NO  
If no, please explain: \_\_\_\_\_
- Is this person being forced in any way to enter marriage? ☐ NO ☐ YES  
If yes, please explain: \_\_\_\_\_
- (For a person under age 18) Do the parents/guardians know of and consent to the person's forthcoming marriage?  
☐ YES ☐ NO If no, please explain: \_\_\_\_\_

### ☐ Check if pertinent: \*CATHOLIC BAPTISM/PROFESSION OF FAITH

9. Has this person ever been a baptized or professed Catholic? ☐ YES ☐ NO If yes:  
Were you present at the ceremony? \_\_\_\_\_ Approximate age of recipient? \_\_\_\_\_  
Place (Site/address): \_\_\_\_\_  
How did you learn of the Baptism/Profession of Faith? \_\_\_\_\_

10. Do you swear to or affirm the truth of the above statements? ☐ YES ☐ NO

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Signature of Clergyman)

\_\_\_\_\_  
(Parish Seal)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Church/Address)

(CLERGYMAN'S OWN COMMENTS ON REVERSE SIDE)