



**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 \_\_\_\_\_  
 (Cell) (Work) (e-mail)

**BRIDE** \_\_\_\_\_  
 (Current legal name) (Maiden Name)

Address \_\_\_\_\_  
 (Street) (City) (County) (State) (Zip)

Parish \_\_\_\_\_  
 (City) (State)

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

Telephone \_\_\_\_\_  
 (Cell) (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
<i>(If you are under 18 years of age)</i> Are your parents aware of and consenting to your marriage?	Yes	No*	N/A	Yes No* N/A

<b>PRIOR MARRIAGES</b>		
Have you been previously married or divorce?	Yes* No (If yes, please complete this section)	Yes* No (If yes, please complete this section)
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 Tribunal.

\*\* 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 \_\_\_\_\_

<b>DELEGATION TO OFFICATE</b>	
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**  
*(all are required)*

- 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)



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 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:**  
 a.) For every prospective spouse who is not Catholic.  
 b.) For every Catholic spouse who is not well known to the parish priest  
 c.) 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:** \_\_\_\_\_

1. NAME \_\_\_\_\_ ADDRESS: \_\_\_\_\_
2. How long have you known the person whose name appears above? \_\_\_\_\_ Your relationship? \_\_\_\_\_
3. 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 please supply the pertinent information on the reverse side of this form.)
4. Is there any impediment or obstacle (e.g., blood relationship) to the forthcoming marriage of this person?  NO  YES  
 If yes, please explain: \_\_\_\_\_
5. Is this person mentally and physically capable of fulfilling a normal marital relationship?  YES  NO
6. 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: \_\_\_\_\_
7. Is this person being forced in any way to enter marriage?  NO  YES  
 If yes, please explain: \_\_\_\_\_
8. (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 the 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:**  
 a.) For every prospective spouse who is not Catholic.  
 b.) For every Catholic spouse who is not well known to the parish priest  
 c.) 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:** \_\_\_\_\_

1. NAME \_\_\_\_\_ ADDRESS: \_\_\_\_\_
2. How long have you known the person whose name appears above? \_\_\_\_\_ Your relationship? \_\_\_\_\_
3. 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 please supply the pertinent information on the reverse side of this form.)
4. Is there any impediment or obstacle (e.g., blood relationship) to the forthcoming marriage of this person?  NO  YES  
 If yes, please explain: \_\_\_\_\_
5. Is this person mentally and physically capable of fulfilling a normal marital relationship?  YES  NO
6. 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: \_\_\_\_\_
7. Is this person being forced in any way to enter marriage?  NO  YES  
 If yes, please explain: \_\_\_\_\_
8. (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 the 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)