



OFFICE OF THE TRIBUNAL

DIOCESE OF CHEYENNE

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MARRIAGE PREPARATION CHECK LIST

GROOM

[PLEASE PRINT OR TYPE]

BRIDE

NAME

Name of the Priest, Deacon, or Pastoral Minister responsible for this Couple's marriage preparation.

Please check appropriate boxes and provide requested information.

PRE-NUPTIAL INVESTIGATION OF THE PARTIES:

- Interview with the Groom Date of Interview: _____
- Interview with the Bride Date of Interview: _____

BAPTISMAL CERTIFICATES OF THE PARTIES:

- Groom's baptismal certificate has been received. Date of Receipt: _____
- Bride's baptismal certificate has been received. Date of Receipt: _____

AFFIDAVIT OF FREEDOM TO MARRY FOR THE PARTIES:

- Groom's Witness: _____ Date of Interview: _____
- Bride's Witness: _____ Date of Interview: _____

MARRIAGE PREPARATION PROGRAMS (Indicate all programs in which the Parties have participated):

- FOCCUS Facilitator: _____ Date Administered: _____
- Natural Family Planning
 - Natural Family Planning Class Date Attended: _____
 - On-line Course: _____ Date Completed: _____
 - Correspondence Course: _____ Date Completed: _____

(Optional) Name of Mentor Couple: _____

Additional Referrals (If this box is checked, please explain.):

IF A DISPENSATION OR PERMISSION IS NEEDED:

- Indicate the Permission(s) needed: _____
- Indicate the Dispensation(s) needed: _____
- Date the Petition is sent: _____
- Date the Rescript is received: _____

REHEARSAL: Date and Time: _____

CELEBRATION OF THE MARRIAGE:

Date and Time: _____ Assisting Minister: _____

Parish/Church: _____ Is Delegation needed? Yes No

City and State: _____ If Yes: Date granted: _____

Granted by: _____

OFFICIAL WITNESSES:

Best Man or Witness 1: _____

City and State: _____

Maid of Honor or Witness 2: _____

City and State: _____

NOTIFICATIONS AND MARRIAGE LICENSE:

Notification has been sent to the parish of the Groom's baptism. DATE SENT: _____

Notification has been sent to the parish of the Bride's baptism. DATE SENT: _____

Marriage license has been sent to the County Clerk's Office. DATE SENT: _____

(When completed, this form is to be retained in the permanent marriage file.)