



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) (Zip) (State)

Parish _____
 (City) (State)

Date and Place of Birth _____

Telephone _____
 (Home) (Work) (Email)

BRIDE _____
 (Current Legal Name) (Maiden Name)

Address _____
 (Street) (City) (County) (Zip) (State)

Parish _____
 (City) (State)

Date and Place of Birth _____

Telephone _____
 (Home) (Work) (Email)

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:
X	Civil Marriage License (Number) (County)
	Record of Baptism/Profession of Faith for GROOM
	Record of Baptism/Profession of Faith for BRIDE
	Dispensation from () DISPARITY OF WORSHIP () CANONICAL FORM () OTHER IMPDEDIMENT
	Permission for () MIXED RELIGION () OTHER
	Declaration of Nullity/Dissolution of Bond Decree #
	Delegation to Assist
	OTHER () Affidavits () Divorce Decree () Record of Death

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

IF CATHOLIC		
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

IF NOT A CATHOLIC		
Have you been Baptized?	Yes No	Yes No
Date of Baptism		
Denomination		
Church of Baptism		
City/State of 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*

	GROOM			BRIDE		
Are you marrying of your own free will?	Yes	No*		Yes	No*	
Is there any person or any circumstance pressuring your decision?	Yes*	No		Yes*	No	
Are you entering this marriage without 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 former 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

PRIOR MARRIAGES Have you been previously married or divorced?	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	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 OFFICIATE	
Granted to _____	Date _____
Granted by _____	Title _____

Date Completed: X

	Marriage recorded in Parish Marriage Register
	Notification to Catholic Churches of Baptism/Profession of Faith for recording of Marriage.
	Received verification of entries Made in the proper parish register.

PRENUPTIAL 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 to live 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 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 ecclesiastical community of particular importance to the non-Catholic party
- To recognize a significant relationship or friendship with the non-Catholic officiant

ADDITIONAL DATE FOR A MARRIAGE CEREMONY WITH A DISPENSATION FORM CANONICAL FORM:

Site: _____ City/County/State _____

Officiant _____ (Name) _____ (Title)

Address of Officiant _____ (Street) _____ (City/State)