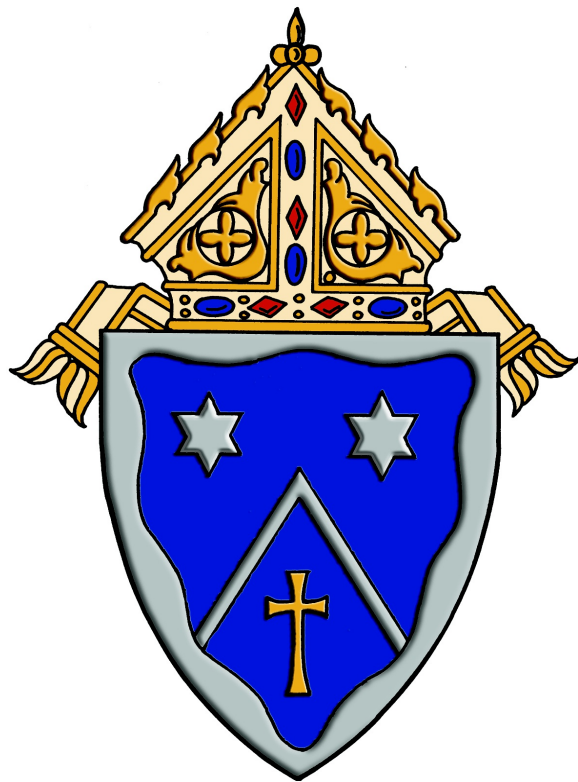


PRE-MARRIAGE FILE

Diocese of Gaylord



*For this reason a man shall leave his father
and mother and shall cling to his wife,
and the two shall be made into one.
This is a great foreshadowing:
I mean that it refers to Christ and the Church.*

Ephesians 5:31-32

GENERAL INFORMATION

GROOM:	BRIDE:
Parish:	Parish:
City, State:	City, State:
DATE OF WEDDING:	TIME OF WEDDING: <input type="checkbox"/> with <input type="checkbox"/> without Mass
PARISH/CITY OF WEDDING:	
Minister Arranging Marriage:	
OFFICIANT:	
<i>If the wedding is occurring within the Diocese of Gaylord and the officiant is from outside the Diocese of Gaylord, a Letter of Good Standing must be secured at least a month in advance of the wedding and a copy sent to the Bishop's Office.</i>	
Date of Rehearsal:	Time of Rehearsal:
Best Man:	Maid of Honor:
Convalidation: (civil ceremony: date, place, officiant)	
<p>Delegation to witness the marriage is required for the VALIDITY of the marriage if the officiant is not the pastor or parochial vicar of the parish in which the marriage is occurring. Delegation must be granted by the canonical pastor of the parish in advance of the wedding (Canon 1111).</p> <p>I HEREBY DELEGATE _____ TO WITNESS THIS MARRIAGE</p> <p>Signed: _____ Title: _____</p> <p>Parish: _____ Date: _____</p>	

CHECKLIST

Documentation	Check if Required	Completion Date
*Dispensation for Disparity of Cult		
*Permission for Mixed Religion		
*Dispensation from Canonical Form		
*Inter-Ritual Dispensation (Eastern Rite Catholic)		
Letter of Good Standing for officiant from another Diocese		
Delegation		
Civil Marriage License - County: License Number:	✓	
GROOM - Baptismal Certificate/Profession of Faith (issued within the last six months)		
BRIDE - Baptismal Certificate/Profession of Faith (issued within the last six months)		
Place(s) of Catholic Baptism/Profession of Faith to be notified after wedding	✓	
Recorded in Parish Marriage Register: Date: Volume: Page:	✓	
Declaration of Nullity Decree		

QUESTIONNAIRE

	GROOM	BRIDE
Full name (maiden):		
Address:		
City & State:		
Home Telephone Number:		
Cell Number:		
Occupation/Work Telephone Number:		
E-Mail Address:		
Date & Place of Birth:		
Father's Name:		
*Father's Religion (ritual church):		
Mother's (maiden) Name:		
*Mother's Religion (ritual church):		
RELIGION:		
Have you been baptized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If CATHOLIC, your ritual church of baptism (Roman, Byzantine. . .)?		
Extent you practice your faith:	Regular - Occasional - Never	Regular - Occasional - Never
Date of Baptism/Reception:		
Church of Baptism/Reception:		
City & State of Baptism/Reception:		
If CATHOLIC, First Communion:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If CATHOLIC, Confirmation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If CATHOLIC, have you ever joined another church by baptism, confirmation, reception or enrollment?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
If CATHOLIC, have you returned to the Catholic faith from another Church?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:

*IN MARRIAGES INVOLVING EASTERN RITE CATHOLICS OR AN ORTHODOX PERSON , PLEASE CONTACT THE TRIBUNAL.

QUESTIONNAIRE, cont.

	GROOM	BRIDE
Have you ever received Holy Order? (If yes, written proof of laicization is required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever made a Public Perpetual Vow of Chastity in a Religious Institute? (If yes, written proof of dispensation is required.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to your intended spouse by blood, legal adoption or marriage (as an in-law)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your intended spouse ever suffered from a mental or emotional condition, from the use of alcohol or drugs or from abusive behavior? (If yes, evidence of the ability to marry is required.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are under 18 years of age , are your parents aware of and consenting to your marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been previously married? (If so, please complete the next section: PRIOR MARRIAGES.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have obligations to a child or partner of a previous relationship, are those obligations being fulfilled? (If no, contact the Tribunal).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
THE FOLLOWING QUESTIONS ARE BEST ADDRESSED NEAR THE CONCLUSION OF MARRIAGE PREPARATION.		
Marital intimacy has for its purpose the good of the spouses as well as the bearing and rearing of children, God willing. Do you intend to fulfill this aspect of marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend a life-long union with your spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend to be exclusively faithful to your spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you marrying of your own free will without anyone or anything pressuring your decision?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you entering this marriage with any conditions or reservations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your intended spouse seriously considered the obligations of a marital commitment and believe yourself capable of fulfilling them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

BY YOUR SIGNATURE, DO YOU AFFIRM THE ANSWERS YOU HAVE GIVEN ARE TRUE?

Groom Signature: _____ Date: _____

Bride Signature: _____ Date: _____

Parish Leadership Signature: _____

Parish: _____

Address: _____

City/State/Zip: _____ ☎ _____

PRIOR MARRIAGES

	GROOM	BRIDE
* Number of prior marriages:		
Name of prior spouse (include maiden name if applicable):		
Date and place of marriage:		
Date of death (if applicable):		
Date and place of divorce:		
Decree of Nullity:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Nullity and Case Number:		
Is there a restriction on the decree?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, has the restriction been lifted? (If no, contact the Tribunal.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the natural and civil obligations for care of children and former spouse being satisfied? (If no, contact the Tribunal.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

* IF MORE THAN ONE MARRIAGE, PLEASE PROVIDE COMPLETE INFORMATION FOR EACH.

PRE-NUPTIAL DECLARATION AND PROMISE

Promise must be made in every marriage involved a non-Catholic or one who has left the Catholic Church by a formal act.

By the Catholic Party:

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 that I can to have them baptized and reared as Catholics.

Signature of the Catholic Party

The required promise and declaration have been made by the Catholic part in my presence. The party of the other faith has been informed of the promise obliging the Catholic spouse.

Signature of the Pastoral Leadership

Date

Parish

City

Check if Necessary: The Catholic party chose to make the above declaration and promise orally.

DISPENSATION/PERMISSION REQUEST

(Please check)

	Mixed Religion , permission for a mixed marriage between a Catholic and a certainly baptized member of another Christian Church.
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	Disparity of Cult , dispensation for a mixed marriage between a Catholic and a certainly non-baptized person.
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	Disparity of Cult - Ad Cautelam , a precautionary dispensation for disparity of cult and mixed religion for a marriage between a Catholic and a doubtfully baptized member of another Christian Church or when documentary proof of baptism is unavailable.
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	Other , please specify:
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REASONS FOR THIS REQUEST ARE:

(Please check)

	Spiritual well-being of the parties
--	-------------------------------------

	Danger of attempting an invalid marriage
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	Convalidation
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	Other, please specify:
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THE ABOVE PERMISSION/DISPENSATION IS GRANTED:

Date: _____ Permission/Dispensation#: _____

Granted by: _____ (Delegate of the Ordinary)

DISPENSATION FROM THE CANONICAL FORM OF MARRIAGE

A dispensation from canonical form must be granted by the local ordinary of the Catholic party.

A Dispensation from Canonical form is also requested to contract the marriage with the non-Catholic party not utilizing Catholic ritual or clergy. This marriage will take place at:

Church/Site	
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County/City/State	
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In the Presence of:	Title:
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Address of Officiant:	
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REASONS FOR THIS REQUEST ARE:

(Please check)

	Spiritual welfare of at least the Catholic Party
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	Respecting the significance of the church or minister to the non-Catholic party
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	Danger of attempting an invalid marriage
--	--

	Other, please specify:
--	------------------------

THE DISPENSATION FROM CANONICAL FORM IS GRANTED:

Date: _____ Permission/Dispensation#: _____

Granted by: _____ (Delegate of the Ordinary)

