

Marriage Preparation¹⁸

The couple has been prepared for this marriage in the following ways:

Marriage Licence No.²¹ _____ **Banns No.** _____**If by Banns: Publication Dates:** _____ / _____ / _____

Place(s) of publication: _____

Groom's ResidenceThe _____ of _____
(city, town or township)In the _____ of _____
(county, regional municipality or district)**Witnesses for the union**²²

Name: _____

Address: _____

City: _____

Bride's ResidenceThe _____ of _____
(city, town or township)In the _____ of _____
(county, regional municipality or district)

Name: _____

Address: _____

City: _____

Dispensations or permissions required Yes No

Type: _____

Date Requested: _____

For Convalidations or Sanations a copy of the civil marriage certificate is to be obtained for the parish file.

Licence No. _____ Date and Place of civil wedding _____

Delegation²⁴

I hereby (sub)delegate _____ to assist at the marriage of this couple in this parish.

Signed Pastor/Associate/Deacon_____
Date**Comments, observations and other information**²⁵

Post Wedding Checklist²⁶⁻²⁸

| | |
|--|--|
| 1. Marriage has been entered in civil and church registers of this parish. | |
| 2. Notifications of marriage have been sent to the parishes of Catholic baptism. | |
| 3. Civil licence has been sent to Office of the Registrar General. | |

**Diocese of St. Catharines**P.O. Box 875, St. Catharines, ON, Canada, L2R 6Z4
Phone 905-684-0154 Fax 905-684-2185 www.saintcd.com**Prenuptial Inquiry****Form I**

| | |
|-----------------------------------|----------------|
| Wedding Date ¹⁹ | Time |
| Church ²⁰ | Address |
| Presider | |

| GROOM | | BRIDE |
|--------------|-----------------------------|--------------|
| | Last Name | |
| | Given Names | |
| | Address | |
| | City / Province | |
| | Postal Code | |
| | Telephone | |
| | Date of Birth | |
| | Occupation | |
| | Present Parish ¹ | |

| | BAPTISM | |
|---|---|---|
| | Date | |
| | Church | |
| | Religion & Rite ² | |
| | Address | |
| <input type="checkbox"/> Certificate <input type="checkbox"/> Witness | Proof of Baptism ³ | <input type="checkbox"/> Certificate <input type="checkbox"/> Witness |
| | If Convert Date and Place of Reception | |
| | Church of Confirmation ⁴ | |
| | Church of First Communion | |

| | | |
|--|----------------------|--|
| | Father's Name | |
| | Address | |
| | Religion/Rite | |
| | Place of Birth | |
| | Mother's Name | |
| | Address | |
| | Religion/Rite | |
| | Place of Birth | |

GROOM PREMARRIAGE INTERVIEW (Groom and Bride are interviewed individually)
Freedom to Marry⁵

| | |
|---|--|
| 1. Have you ever been previously married (Civil and/or Religious)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? (Form III is to be completed for each previous union. For Convalidations see pastoral note 5.) | |
| 2. Has your intended spouse ever been married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? | |

Impediments⁶⁻¹³

| | |
|--|--|
| 1. Do you have any serious health problems or have you experienced or been treated for any mental, emotional, alcohol, drug-related difficulties and/or addictions? If yes, have they been resolved? If yes, are you currently in treatment? Is your fiancée aware of this? | |
| 2. Are you aware of any physical /emotional problems that would make sexual relations impossible in your union? | |
| 3. Are you related to your fiancée by: <input type="checkbox"/> Consanguinity <input type="checkbox"/> Affinity (Marriage) <input type="checkbox"/> Adoption <input type="checkbox"/> Public Propriety | |
| 4. Other: <input type="checkbox"/> Age <input type="checkbox"/> Disparity of Cult <input type="checkbox"/> Mixed Marriage <input type="checkbox"/> Holy Orders <input type="checkbox"/> Vows <input type="checkbox"/> Abduction <input type="checkbox"/> Crime | |

Consent

| | |
|---|--|
| 1. How long have you known your fiancée? _____ When were you engaged? _____ Is the anticipated marriage the CONVALIDATION of an existing civil marriage? ²³ | |
| 2. Are your parents/family in favour of this marriage? | |
| 3. Are you being forced or pressured into this marriage in any way (pregnancy, parental or peer pressure...)? ¹⁵ | |
| 4. Are you giving unconditional consent to this marriage? Have you or will you execute a premarital agreement? ¹⁴ | |
| 5. Do you understand and agree that in marriage: A. you are entering into a loving, caring partnership for life ending only by death? B. you are to share with your spouse an openness to nurture and educate children? C. you are accepting the obligation to be faithful to your spouse? D. you are giving your consent freely and without reservation? | |
| 6. Does your fiancée, as far as you know, share the same understanding of marriage? | |

Faith Practice¹⁶

| | |
|--|--|
| 1. Do you believe that marriage is a sacred covenant / bond? | |
| 2. Do you practice your faith regularly? Where and how frequently? | |
| 3. Does your fiancée practice her faith regularly? Where and how frequently? | |
| 4a. If Roman Catholic and not practicing, do you intend to return to the practice of your faith now? ¹⁷ 4b. Do you recognize that you have obligations to practice your Catholic faith and do what you can to baptize and educate your children in the Catholic faith? | |
| 5. If not Roman Catholic, do you recognize that your fiancée has obligations to practice her Roman Catholic faith and to do what he can to baptize and educate in the Roman Catholic faith? | |

Declaration: (Touching Gospels if appropriate) Do you solemnly declare that the information you have given is true? _____

| | |
|-------|------------------------------|
| _____ | _____ |
| Date | Signature of Groom |
| _____ | _____ |
| Place | Signature of Priest / Deacon |

BRIDE PREMARRIAGE INTERVIEW (Groom and Bride are interviewed individually)
Freedom to Marry⁵

| | |
|---|--|
| 1. Have you ever been previously married (Civil and/or Religious)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? (Form III is to be completed for each previous union. For Convalidations see pastoral note 5.) | |
| 2. Has your intended spouse ever been married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? | |

Impediments⁶⁻¹³

| | |
|---|--|
| 1. Do you have any serious health problems or have you experienced or been treated for any mental, emotional, alcohol, drug-related difficulties and/or addictions? If yes, have they been resolved? If yes, are you currently in treatment? Is your fiancé aware of this? | |
| 2. Are you aware of any physical /emotional problems that would make sexual relations impossible in your union? | |
| 3. Are you related to your fiancé by: <input type="checkbox"/> Consanguinity <input type="checkbox"/> Affinity (Marriage) <input type="checkbox"/> Adoption <input type="checkbox"/> Public Propriety | |
| 4. Other impediments: <input type="checkbox"/> Age <input type="checkbox"/> Disparity of Cult <input type="checkbox"/> Mixed Marriage <input type="checkbox"/> Vows <input type="checkbox"/> Abduction <input type="checkbox"/> Crime | |

Consent

| | |
|---|--|
| 1. How long have you known your fiancé? _____ When were you engaged? _____ Is the anticipated marriage the CONVALIDATION of an existing civil marriage? ²³ | |
| 2. Are your parents/family in favour of this marriage? | |
| 3. Are you being forced or pressured into this marriage in any way (pregnancy, parental or peer pressure...)? ¹⁵ | |
| 4. Are you giving unconditional consent to this marriage? Have you or will you execute a premarital agreement? ¹⁴ | |
| 5. Do you understand and agree that in marriage: A. you are entering into a loving, caring partnership for life ending only by death? B. you are to share with your spouse an openness to nurture and educate children? C. you are accepting the obligation to be faithful to your spouse? D. you are giving your consent freely and without reservation? | |
| 6. Does your fiancé, as far as you know, share the same understanding of marriage? | |

Faith Practice¹⁶

| | |
|--|--|
| 1. Do you believe that marriage is a sacred covenant / bond? | |
| 2. Do you practice your faith regularly? Where and how frequently? | |
| 3. Does your fiancé practice his faith regularly? Where and how frequently? | |
| 4a. If Roman Catholic and not practicing, do you intend to return to the practice of your faith now? ¹⁷ 4b. Do you recognize that you have obligations to practice your Catholic faith and do what you can to baptize and educate your children in the Catholic faith? | |
| 5. If not Roman Catholic, do you recognize that your fiancé has obligations to practice his Roman Catholic faith and to do what he can to baptize and educate in the Roman Catholic faith? | |

Declaration: (Touching Gospels if appropriate) Do you solemnly declare that the information you have given is true? _____

| | |
|-------|------------------------------|
| _____ | _____ |
| Date | Signature of Bride |
| _____ | _____ |
| Place | Signature of Priest / Deacon |