

HOW TO USE THESE MARRIAGE FORMS

- Checklist An easy way to keep track of what is required for each Marriage. Use the space at the bottom as required.
- Form 1A This initial interview gathers data needed for government forms and for learning of any previous marriages requiring dispensations, permissions, declarations of nullity, etc.
- Form 1B Bride and Groom are interviewed separately, preferably by the Priest after their pre-marital instruction/course. Be alert for potential problems like drug dependency, homosexuality, etc.
- Form 2A For use only if you do not know the person(s) well. Choose a parent, sibling, or close relative to be the witness. Otherwise, do two forms.
- Form 2B Use in the absence of a Baptism Certificate, especially for a non-Catholic. A parent, Godparent, or sibling makes a suitable witness.
- Form 3 *Must accompany requests for marriage dispensations or permissions.
*Be sure to fill in both sides of the form.
*If members of your parish are going to be married by any Priest other than yourself, you must sign the Delegation to Assist Form on the back.
- Form 4 Provides essential data about previous marriages and relationships. Full documentation is required, as noted on the Checklist. Use as many forms as necessary.
- Form 5 One copy of this form goes to the Parish of Baptism for each of the Catholic parties. This also applies to any of your parishioners who are married in non-Catholic churches if they have received a dispensation from Canonical Form.

The Purpose of the Permission and Delegation Forms on Form 3/2

PERMISSION OF PASTOR

This Form is given by their Pastor to his parishioner(s) who are to be married in another parish. It is not given to the parish or to the pastor who will witness the marriage.

DELEGATION TO ASSIST

This Form is granted only to priests who have no ordinary faculties in our archdiocese to witness a marriage here. It is not needed if the visiting priest is from our archdiocese.

Note to interviewer: These questions provide an opportunity for you to assist couples in developing a deeper understanding of the Church's teaching on marriage. Please be prepared to explain the significance of the information being sought. Also, please provide your impressions of the couples' readiness for marriage based on the responses they have given (see the checklist)

Marriage	Date:	Time:	Place:
Rehearsal	Date:	Time:	Place:
	Will there be Mass?	Yes	No
			Presider:

		Groom			Bride		
Name:	Family						
	Given						
Address:							
City/Town:							
Postal Code:							
Phone:	Home						
	Work or Cell						
Occupation/Place of Work							
Marital status (if previously married see Form 4)		Never Married	Divorced	Widow	Never Married	Divorced	Widow
Birth Date		Age at marriage:		Age at marriage:			
Birth Place:							
Religion & Rite:							
Baptism:	Parish:						
	Date & Place						
Confirmation:							
Describe your religious practice at this time							
Father:	Name						
	Birth Place						
	Religion & Rite						
Mother	Maiden Name						
	Birth Place						
	Religion & Rite						
How long have you known each other?							
How long have you been engaged?							

Witnesses:	Name:		Phone:
	Address:		Postal Code:
	Name:		Phone:
	Address:		Postal Code:

Interviewer: _____ Parish Pastor: _____
 (Sign) (Sign if Interviewer is not the Pastor)

Date of initial interview: _____

ARCHDIOCESE OF GROUARD-MCLENNAN	__Bride	__Groom	Form 1B
PLEASE NOTE: Parties are to be interviewed separately			
Do you swear to tell the truth in the answers you are about to give?			
Marriage Preparation			
1. Have you completed a marriage preparation program? If so, Where?			Yes No
Freedom to Marry			
2. Are you entering this marriage freely and of your own choice?			Yes No
3. In taking on the responsibilities of marriage, do you anticipate any difficulties emotionally, psychologically, or financially?			Yes No
4. Are you being pressured by any person or circumstances to enter this marriage against your will?			Yes No
5. Is your fiancé(e) being pressured in any way?			Yes No
Impediments and Concerns			
6. Are you related to your fiancé(e) by family, marriage, or adoption?			Yes No
7. Are you aware of any medical or psychological conditions which would make it not possible for children to be born of this marriage?			Yes No
8. Have you or your fiancé(e) ever received treatment for any emotional or psychological conditions, or suffered from drug, gambling or alcohol addiction?			Yes No
Consent			
9. Do you intend a) To enter a life long union, b) To accept children as a gift from God, c) To remain faithful to your intended spouse?			Yes No
10. To the best of your knowledge does your fiancé(e) share the same understanding of marriage? (see #9)			Yes No
Faith within Your Marriage			
11. a) (CATHOLIC) Do you intend to do all that is possible to practise your Catholic faith and to baptize and educate your children in that faith?			Yes No
b) (NON-CATHOLIC) Are you aware of your fiancé(e)'s obligation to practise his/her Catholic faith and to baptize and educate your children in the Catholic faith, if at all possible?			Yes No
Minors (under the age of 18)			
12. Do your parents consent to this marriage?			Yes No

Care should be taken to determine the presence of other impediments: public propriety, crime, abduction, vows excluding marriage, etc. All cases of doubt are to be referred to the Chancery Office (see Form 2A) **If "YES" to Questions 3-8 or "NO" to Questions 9-11b, please explain.** (For noting additional concerns or impressions, use the back of this Form or the Checklist).

Signature of Groom/Bride: _____

Given at _____ Date _____

Signature of Interviewer: _____

CONCERNING PROOF OF FREEDOM TO MARRY OF:			
Groom	Bride	Name (print):	

1. Are you willing to be truthful in the answers you are about to give? _____
2. How long have you known this person? _____
3. What is your relationship to this person? _____

PROOF OF FREEDOM TO MARRY

1. To the best of your knowledge, was this person ever married? _____
2. If Yes:
 - a) Name of Spouse _____
 - b) Date of Marriage _____
 - c) Place of Marriage _____
(City & Church or Other)
 - d) Presider at marriage _____
(Catholic Minister, Non-Catholic Minister, Civil Official)
3. Do the parents/guardians have any objections to this marriage?
4. To your knowledge, is he/she entering into this marriage of his/her own free will?
5. To your knowledge, does he/she intend a “permanent marriage”?
6. Have you any reason to believe that he/she intends to exclude children from this marriage?
7. To your knowledge, does he/she attach any condition, qualification or limit on his/her proposed marriage?

In your personal view, do you consider this person sufficiently mature and ready for marriage?

If not, why not? _____

Given at _____

Date _____

Name of Interviewer (print)

(Signature of Interviewer)

Name of Witness (print)

(Signature of Witness)

CONCERNING THE BAPTISMAL STATUS OF:		
Groom	Bride	Name (print):

1. Are you willing to be truthful in the answers you are about to give? _____
2. How long have you known this person? _____
3. What is your relationship to this person? _____

PROOF OF BAPTISMAL STATUS

1. Was this person ever baptized? _____
2. If so, in what church or faith group? _____
3. When? _____
4. Who were the sponsors?
 - 1- _____
 - 2- _____
5. Were you present? _____
6. If not, how do you know of the baptism? _____

Given at _____ Date _____

 Name of Interviewer (print)

 (Signature of Interviewer)

 Name of Witness (print)

 (Signature of Witness)

CATHOLIC ARCHDIOCESE OF GROUARD-MCLENNAN

Form 3

Church and Place of Marriage	
Date of Marriage	

Groom			Bride	
Family name	Given names		Family name	Given names
		Name		
		Address		
		Age		
		Religion/ Rite		

Please grant the following:	For Chancery Office Use Only
DISPENSATION	
<input type="checkbox"/> Disparity of Cult	<input type="checkbox"/> Granted
<input type="checkbox"/> Disparity of Cult <u>ad Cautelam</u>	<input type="checkbox"/> Granted
<input type="checkbox"/> *Consanguinity	<input type="checkbox"/> Granted
<input type="checkbox"/> *Affinity	<input type="checkbox"/> Granted
<input type="checkbox"/> Canonical Form	<input type="checkbox"/> Granted
*Include schema of Relationship	
PERMISSION	
<input type="checkbox"/> Mixed Religion	<input type="checkbox"/> Granted
<input type="checkbox"/> Teenage Marriage	<input type="checkbox"/> Granted
<input type="checkbox"/> NIHIL OBSTAT – Second Marriage	<input type="checkbox"/> Granted
<input type="checkbox"/> TESTIMONIAL LETTER	<input type="checkbox"/> Granted
<input type="checkbox"/> SANATIO (include explanatory letter)	<input type="checkbox"/> Granted

I testify that the above-named parties are free to marry.

Signature of Priest

Bishop/Vicar General/Chancellor/Delegate

Parish and Address

Date

Date

Seal

NIHIL OBSTAT: In consideration of the above petition and having reviewed the documents submitted, we grant our NIHIL OBSTAT for the celebration of the above marriage (servantis de jure adhuc servandis).

Given at _____ Date _____

Bishop/Vicar General/Chancellor/Delegate

1. Disparity of Cult (Incl. Ad Cautelam) and Mixed Religion

a) SUFFICIENT IN THEMSELVES

- Spiritual good of the couple
- Validation of an invalid marriage
- Removal of serious scandal
- Hope of conversion
- Danger of a invalid marriage outside the church
- Danger of apostasy if dispensation is denied

b) SUPPLEMENTARY REASONS

- All is prepared for the wedding
- Special merits of the couple
- Advanced years
- Widowed with children
- Mutual help in advanced age
- Pregnancy
- Undue familiarity of the parties known or suspected

2. Canonical Form

- Spiritual good of the couple
- To achieve family harmony or avoid family alienation
- Active participation of the non-Catholic party in his/her church
- To obtain parental agreement to the marriage
- To recognize relationship or special friendship with a non-Catholic minister
- To permit the marriage in a church that has particular importance to the non-Catholic

3. Consanguinity or Affinity

- Spiritual good of the couple
- There is no proximate danger to possible children
- There would be no scandal if dispensation is granted

4. Teenage Marriage

- Spiritual good of the couple
- The couple have unusual maturity for their age
- The family relationships are strong and supportive
- The couple will be able to support a home and undertake the responsibilities of marriage
- The couple have prepared themselves responsibly for the marriage
- Real danger to their faith may result if there is any further delay

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PERMISSION OF THEIR (HIS/HER) PASTOR

is hereby granted to _____ to be married in the Parish of

_____ in the Diocese of _____.

DELEGATION TO ASSIST

The Undersigned hereby grants _____,
who does not have faculties in this Archdiocese, delegation to assist at the marriage of:

_____ in this Parish/Mission of _____

Pastor: _____ Date _____

NATURAL OBLIGATIONS and COMMON-LAW RELATIONSHIPS (attach additional forms if necessary)

	Groom		Bride	
Do you have children from any former relationship? (If no, skip to question #5)	Yes	No	Yes	No
If yes, how many?				
What provisions have been made for their welfare?				
What support provisions, if any, have been made for your former partner?				
Common-Law Relationships				
Duration:	From		To	
Duration:	From		To	
Do you think this will have adverse effects on your proposed marriage? (Question #5)	Yes	No	Yes	No

FOR EACH PREVIOUS MARRIAGE (attach additional forms if necessary)

	Groom	Bride	1 st Marriage	Groom	Bride	2nd Marriage
Name of previous spouse						
Religion & Baptism status						
Date of Marriage						
Place of Marriage						
In case of Death Date of death of Spouse						
In case of Divorce Date of Civil Divorce						
Date of Decree of Nullity						

	Groom	Bride	1 st Marriage	Groom	Bride	2nd Marriage
Name of previous spouse						
Religion & Baptism status						
Date of Marriage						
Place of Marriage						
In case of Death Date of death of Spouse						
In case of Divorce: Date of Civil Divorce						
Date of Decree of Nullity						

Attach Death Certificate, Decree of Divorce or Decree of Nullity for **each** marriage where applicable.

Interviewer's Signature: _____ Date: _____

Printed:

Notification of Marriage to be sent to the Parish of Bride/Groom's Baptism

Parish of Baptism: Name _____

Address _____

Phone _____

Fax _____

NOTICE OF MARRIAGE for the Baptism Record

On _____, in the _____,
Month/Day/Year Name of Church

Address of Church

_____ who was baptized on _____
Name of Bride/Groom Month/Day/Year

in _____
Name and Place of Church

contracted a valid and licit marriage with _____
Name of Bride/Groom

who was baptized on _____ in _____
Month/Day/Year Name and Place of Church

Remarks: _____

Officiating Minister _____ Date _____

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This is to certify that I have entered this marriage in the person's Baptismal Register.

Signature _____ Date _____

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Please return this form, duly completed, to:

The Chancery Office, Box 388, McLennan, AB Canada T0H 2L0

This is to certify that I have entered this marriage in the copy of the Baptismal Register kept in the Chancery Office

Signature _____ Date _____

This document is finally returned by the Chancery Office to the Parish where the Marriage took place.