

OFFICE OF CANONICAL SERVICES
ARCHDIOCESE OF WASHINGTON, P.O. BOX 29260, WASHINGTON, DC 20017-0260
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GROOM

PRENUPTIAL QUESTIONNAIRE

BRIDE

For Office of Canonical Services Use:

VISUM EST/NIHIL OBSTAT

(SEAL)

Delegate of the Archbishop

Date

Wedding of: _____ + _____ at _____ on _____
Last Name of Groom Last Name of Bride Name of Church or Other Place Date

Each of the parties should be interviewed alone and under oath. The priest or deacon should propose the questions and write the responses given. Please fill out separate forms for the Bride and Groom.

PERSONAL DATA:

Full Name: _____ Occupation: _____

Address: _____ City _____ State _____ Zip _____

How long at this address? _____ Phone _____ E-mail _____

Date of Birth _____ Place of Birth _____

Religion _____ Parish _____

Are you baptized? _____ If yes, in what religion? _____ Date of Baptism _____

Name/Address of Church of Baptism _____

(If convert) Date and Place of reception into Catholic Church _____

(If Catholic) Have you received First Communion? _____ Confirmation? _____

(If Catholic) Do you practice your religion regularly? (If no, explain) _____

How long have you known your fiancée? _____ How long engaged? _____

Is this marriage a convalidation of an existing union? _____

Father's Name _____ Religion _____

Mother's MAIDEN Name _____ Religion _____

Proposed Witness (Best Man/Maid of Honor) _____

MARITAL CONSENT:

Do you intend to enter a permanent, indissoluble marriage and be faithful to your spouse for life? _____

Do you intend to enter a marriage whose purposes are the mutual love and support of the spouses? _____

Do you intend to enter a marriage which is open to the procreation and raising of children? _____

Does your fiancée have the same intentions, to the best of your knowledge? _____

(If any of the answers to the above questions is NO, please explain) _____

CANONICAL ISSUES:

Have you been married before, either in a church, civil ceremony or common law? _____ (If Yes, see below)

Have you been ordained a deacon or priest or taken religious vows? _____

Are you related to your fiancée by blood, marriage or adoption? _____

Do you have any physical defect that would prevent you from having marital (sexual) relations? _____

Have you been treated for any serious mental or emotional illness, addiction or substance abuse? _____

Are you under any pressure from any person or circumstance to enter this marriage? _____

Are you placing any conditions on or have you any serious doubts about this marriage? _____

(If under 18) Do your parents have any objection concerning this marriage? _____

Do you have natural obligations to children from another union? _____ Are you fulfilling them? _____

(If any of the answers to the above questions is YES, please explain) _____

PREVIOUS MARRIAGE: If there are previous marriages, please answer the following:

Former Spouse (1) _____ (2) _____

Date of Marriage (1) _____ (2) _____

Place (1) _____ (2) _____

Before whom? (1) _____ (2) _____

How did this marriage cease (death, divorce, annulment)? (1) _____ (2) _____

(If death) Did you or your fiancée bring about the death of your former spouse? _____

If a former marriage was dissolved or declared null by the Catholic Church, an official document from the Ecclesiastical Court must be presented and placed in the marriage file. Make sure there are no restrictions on remarriage.

NOTE: PREVIOUS MARRIAGE refers to **any** marriage, whether contracted in a civil ceremony or in any church, synagogue, temple, or mosque, even if one or both parties were non-Catholic and even if the marriage has been annulled. If either the Groom or the Bride has been married previously, **NO** wedding is to be scheduled until it is determined that both parties are free to be married in the Catholic Church. Please contact the Office of Canonical Services at 301.853.5325 if there are any questions.

ATTESTATION:

I, the undersigned, swear that the above responses are correct to the best of my knowledge.

Signature of Bride/Groom _____ Date _____

Signature of Priest/Deacon _____ Place _____

DELEGATION of priest or deacon not having general faculties to officiate at this marriage is given to:

Name of priest/deacon who will celebrate this wedding

By _____ Date _____
Pastor or other priest/deacon who has ability to grant faculty