

Diocese of Saginaw Pre-Marriage File

Parish: _____ City: _____

GENERAL INFORMATION	
Groom:	Bride:
Parish:	Parish:
City/State:	City/State:
Date, Time and Place of wedding:	
Officiant:	
Maid/Matron of Honor:	Best Man:
City/State:	City/State:
If convalidation, date, place and officiant of first ceremony:	
Date of Rehearsal:	Time of rehearsal:
<p>Delegation to witness the marriage is required for the validity of the marriage if the sacred minister officiating is not a priest or deacon with faculties in the Catholic Diocese of Saginaw. Delegation is granted by the pastor or priest moderator (c. 517 §2) of the parish where the wedding will take place to a cleric with faculties.</p> <p>I hereby delegate _____ to witness this marriage.</p> <p>Signed: _____</p> <p>Parish: _____ Date: _____</p>	

Parish Checklist

Documentation	Required	Completed
Permission for Mixed Religion Marriage (Catholic and baptized non-Catholic)		
Permission from Place (marriage occurs in <i>Catholic</i> church other than parish)		
*Permission from Place (marriage occurs in non-Catholic church or other location)		
*Precautionary Dispensation from Disparity of Worship/Cult and Permission for Mixed Religion Marriage (doubtful baptism)		
*Dispensation from Disparity of Worship/Cult (one person is not baptized)		
*Dispensation from Canonical Form (marriage witnessed by non-Catholic minister)		
Groom (if Catholic): Recent (within six months) baptismal certificate		
Bride (if Catholic): Recent (within six months) baptismal certificate		
Delegation (See above)		
Verified parties' freedom to marry (in cases of prior marriage)		
Type of marriage preparation:		
Date marriage preparation begun:	completed:	
Civil marriage license County:	License number:	
Recorded in parish Marriage Register Volume:	Page:	
Place(s) of Catholic baptism notified after wedding – Bride:	Groom:	

*These permissions/dispensations *must* be granted by the Bishop of Saginaw or his delegate. Please complete Dispensation/Permission Request Form and send to the Tribunal.

Questionnaire

	GROOM	BRIDE
Full name (maiden):		
Address:		
City and state:		
Primary Telephone number:		
Email Address:		
Date of birth:		
Place of birth:		
Your religion:		
Father's name:		
His religion (rite):		
Mother's name (maiden):		
Her religion (rite):		
Extent you practice your faith (please circle):	Regular Occasional Seldom Never	Regular Occasional Seldom Never
IF CATHOLIC:		
Date of baptism*/ profession of faith:		
Church of baptism/ profession of faith:		
City and state of church:		
Rite (if not Latin):		
Confirmation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Communion:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever left the Catholic Church by a formal, written act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF NOT CATHOLIC:		
Have you been baptized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of baptism*:		
Denomination:		
Church:		
City and state:		

*Obtain certificate.

	GROOM	BRIDE
Have you ever made a perpetual religious profession? (If so, written proof of freedom 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 (example: an in-law)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Have you ever suffered from a mental or emotional condition that required extended professional care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Have you ever regularly abused alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ Have you ever regularly exhibited abusive behaviors?	<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 do they consent to this 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 section on PRIOR MARRIAGES.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you open to having children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that marriage calls for a total sharing of your lives?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend to enter an exclusive and life-long union that can be dissolved only by death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you marrying completely of your own free will, without anyone or anything putting any kind of pressure on you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any conditions or reservations to your consent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you seriously considered the obligations of marriage and do you believe you are capable of fulfilling them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

❖ If yes, evidence of ability to enter marriage is required.


Do you affirm that the answers you have given are true?

Groom's signature: _____ Date: _____

Bride's signature: _____ Date: _____

Priest/Deacon/Pastoral Administrator's signature: _____

Parish: _____

City/State/Zip: _____  _____

Prior Marriages

	GROOM	BRIDE
**Number of prior marriages:		
Name of prior spouse (include maiden name):		
Date and place of marriage:		
Date and place of death (if applicable-include certificate):		
Date and place of divorce (if applicable):		
If a decree of nullity has been issued, what kind of case was it? (Please circle.) Include copy of final decree.	Formal case Ligamen Lack of form Other	Formal case Ligamen Lack of form Other
Is there a restriction on the decree?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how have the requirements been met?		
Are your natural and civil obligations for care of any children being satisfied? If not, please explain fully. (Use separate paper.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

****If there is more than one prior marriage, please complete above information for each marriage.**

**Pre-Marriage Declaration, Promise and Required Permission
(For marriage between a Catholic and a baptized non-Catholic.)**

By the Catholic Party:
 I reaffirm my faith in Jesus Christ, and with God’s help, I 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 I can to share my Catholic faith with our children and to make every effort that I can to have them baptized and reared as Catholics.

_____ **Signature of the Catholic Party**

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

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

Signature of Priest/Deacon/Pastoral Administrator _____

Date _____ **Church/City** _____

Reasons for this request: Spiritual well-being of the parties Danger of civil marriage
 Convalidation Other (please specify) _____

Please check the appropriate box to indicate which permission you are granting.

Permission for a mixed religion marriage – between a Catholic and a baptized non-Catholic (*Mixed Religion Marriage*) taking place at the parish church of the Catholic party.***

Permission granted on _____ by _____
 (Date) (Signature of *Priest*)

Permission for a marriage between two Catholics or a Catholic and a baptized non-Catholic to be celebrated in a Catholic church other than the parish church of the Catholic. Wedding will take place at _____ Catholic Church in _____***
 (City, State)

Permission granted on _____ by _____
 (Date) (Signature of *Pastor/Priest Sacramental Minister*)

*****Permission for a marriage to take place in a non-Catholic Church must be granted by the Bishop of Saginaw or his delegate. Please complete *Dispensation/Permission Request Form* and send to the Tribunal.**