



THE ARCHDIOCESE
OF KANSAS CITY IN KANSAS

PRE-NUPTIAL FORM

12615 Parallel Parkway
Kansas City, KS 66109

Tel 913-721-1570 Fax 913-721-1577

Chancery Date and No. _____

GROOM Phone _____

Name _____

Present Address _____

Date of Birth _____ Age _____

Birth Place _____

Religion _____

Present Catholic Parish _____

BRIDE Phone _____

Name _____

Present Address _____

Date of Birth _____ Age _____

Birth Place _____

Religion _____

Present Catholic Parish _____

How long have you known each other? _____ How long engaged? _____ Date of Marriage _____

Place of Marriage: Church _____ City & State _____

Person Arranging Marriage _____ Person Officiating _____

Witness to Marriage _____ Religion _____

Witness to Marriage _____ Religion _____

GROOM

BRIDE

1. How long have you lived at above address? _____

2. Father's Name _____

3. Father's Religion _____

4. Mother's Name (Maiden) _____

5. Mother's Religion _____

6. Parent's Address _____

7. Are you baptized? If so, date of Baptism. _____

8. Church of Baptism _____

9. City/State of Baptism _____

Convert Info (10,11,12)

10. Date of Reception into Church _____

11. Church of Reception _____

12. City/State of Reception _____

13. Do you regularly practice your faith? Yes ___ No ___

14. How many, if any, previous marriages? _____

If applicable, places where

annulments/defect of forms granted _____

Date(s) and annulment/defect of form number(s) _____

County(s) and date of death certificate(s) _____

	GROOM	BRIDE
1. Are you related to your intended spouse by blood, marriage or legal adoption? If so, what is the relationship?	Yes* ____ No ____ _____	Yes* ____ No ____ _____
2. Have you ever made a public promise to God not to marry (including religious profession, sacred orders, etc)?	Yes* ____ No ____	Yes* ____ No ____
3. Are you feeling pressure of any kind: a. to marry at this time? b. to have a Catholic marriage?	Yes* ____ No ____ Yes* ____ No ____	Yes* ____ No ____ Yes* ____ No ____
4. Are there any special circumstances which might affect the success of your marriage?	Yes* ____ No ____	Yes* ____ No ____
5. Are you aware of any conditions which might prevent you from having children?	Yes* ____ No ____	Yes* ____ No ____
6. Have you experienced or been treated for any mental, emotional, alcoholic or drug-related problems?	Yes* ____ No ____	Yes* ____ No ____
7. Have you maturely reflected on and judged yourself capable of fulfilling the obligations of marriage?	Yes ____ No* ____	Yes ____ No* ____
8. Do you intend the following: a. to enter a marriage that is for a lifetime? b. to give your spouse the right to have children? c. to be faithful to your spouse?	Yes ____ No* ____ Yes ____ No* ____ Yes ____ No* ____	Yes ____ No* ____ Yes ____ No* ____ Yes ____ No* ____
9. As far as you know, does your spouse also intend the above?	Yes ____ No* ____	Yes ____ No* ____
10. Are you marrying freely without force and without any conditions or mental reservations?	Yes ____ No* ____	Yes ____ No* ____
11. Has anyone advised you not to enter this marriage?	Yes* ____ No ____	Yes* ____ No ____
12. Do your parents consent to this marriage?	Yes ____ No* ____	Yes ____ No* ____

Bride and Groom must sign verifying that they have answered all questions:

Groom _____ Bride _____

For the Catholic Party Marrying a Non-Catholic:

“As a Catholic wishing to enter into marriage with a non-Catholic, I take this occasion under oath to re-affirm my Faith in Jesus Christ and, with God’s help, I intend to continue living that Faith in the Catholic Church. I am aware of my serious obligations regarding the Faith and I promise to do all in my power to share the Faith I have received with our children by having them baptized and reared as Catholics.”

Catholic Party _____

The non-Catholic party must be aware of these promises. Has this happened? Yes ____ No* ____

Explain how any asterisked statements have been dealt with:

The WITNESS FORM of the ARCHDIOCESE OF KANSAS CITY IN KANSAS is to be completed by parents or guardians of those under 21 years and/or for proof of Baptism (when no baptismal certificate is available) AND for all marriages in other (Arch)dioceses.

WITNESS FOR GROOM

WITNESS FOR BRIDE

- | | | |
|---|-------|-------|
| 1. Name | _____ | _____ |
| 2. Address | _____ | _____ |
| 3. Religion | _____ | _____ |
| 4. Has this person ever been baptized? | _____ | _____ |
| Church of baptism and date of baptism | _____ | _____ |
| City/State/Zip of Church | _____ | _____ |
| 5. Has this person ever attempted or contracted marriage before? | _____ | _____ |
| 6. How long have you known this person? | _____ | _____ |
| 7. Is this person marrying freely? | _____ | _____ |
| 8. What is your relationship to this person? | _____ | _____ |
| 9. Do you know of any reason why this marriage should not take place? | _____ | _____ |
| 10. If a parent or guardian, do you consent to this marriage? | _____ | _____ |

Signatures:

Witness for Groom _____ Witness for Bride _____

When Witnesses are not needed, Priest signs that he has proof: Priest _____

A. IF THIS IS A CONVALIDATION OF PRESENT UNION:

Where did present Union take place? County/City/State _____

Date of Union _____ Who officiated? _____ Title _____

B. PERMISSION FOR A PARISHIONER TO BE MARRIED IN ANOTHER PARISH:

I grant permission to _____ to be married outside this parish with the understanding that the marriage will be celebrated in compliance with the laws of the Catholic Church. (Canon #1115)

C. DELEGATION OF A PRIEST TO OFFICIATE AT MARRIAGE IN YOUR PARISH:

I hereby delegate _____ to officiate in this parish at the marriage of the couple designated in this Pre-Nuptial Form. (Canon #1111)

D. DISPENSATIONS/PERMISSIONS SOUGHT:

- | | |
|---|---|
| 1. ___ Mixed Religion (Proof of Baptism) | ___ Disparity of Cult (Non-Catholic not baptized) |
| ___ Disparity of Cult ad Cautelam (No proof of Baptism) | ___ Other: _____ |

Reason for Dispensation/Permission:

- | | |
|--|-------------------------------------|
| ___ Spiritual welfare of the faithful | ___ Well-founded hope of conversion |
| ___ Danger of attempted invalid marriage | ___ Convalidation |
| ___ Other: _____ | |

2. ____ Canonical Form (Non-Catholic minister in Non-Catholic Church)

Reason for this Dispensation:

- ____ To achieve family harmony or avoid alienation ____ To obtain parental agreement to marriage
- ____ To recognize significant relationship to minister/church ____ Other: _____

3. ____ Permission for Priest to officiate in Non-Catholic Church

Reason for this Dispensation:

- ____ This Church has special significance to Non-Catholic Party
- ____ To comply with reasonable wishes of Non-Catholic Family
- ____ Other: _____

E. DOCUMENTS TO BE SUBMITTED WITH THIS PRE-NUPTIAL FORM:

1. Baptismal Certificates of Catholic and Non-Catholic individuals. However, baptismal certificates are not required if the baptism occurred in the parish of the priest completing the pre-nuptial investigation, and the marriage is occurring within the Archdiocese of Kansas City in Kansas. A WITNESS FORM must be completed if no certificate is available.
2. Convalidations require a copy of present Marriage License.
3. Previous Marriages require a copy of the Annulment Decree or Defective Form Decree or Death Certificate, unless annulment(s) and/or defect of form(s) were granted in the Archdiocese of Kansas City in Kansas. In that case, only the place, annulment numbers and date on page 1 are required.
4. All marriages require a Certificate from the approved Marriage Preparation Program.

F. WHERE DID MARRIAGE PREPARATION TAKE PLACE: _____

G. SIGNATURE AND APPROVAL OF PRIEST OR ADVOCATE:

I have provided all the necessary documentation for this marriage and have overseen the Archdiocesan approved Marriage Preparation Process. To the best of my knowledge this couple is prepared for their marriage according the laws of the Church and this Archdiocese.

Signature: _____

Place: _____ Date: _____

ADDITIONAL COMMENTS OF PRIEST:

FOR CHANCERY USE

TESTIMONIAL LETTERS (VISUM EST) FOR SENDING TO OTHER (ARCH)DIOCESES:

By these Testimonial Letters I find all to be ready for the marriage of this couple. The necessary Dispensations/Permissions have been granted: _____

Signature: _____ Delegate of the Archbishop

Place: _____ Date: _____

NIHIL OBSTAT: Having examined all submitted papers, I hereby grant permission for the celebration of this marriage within the _____ provided that all of the requirements of Church and Civil Law are fulfilled. All requested Dispensations/Permissions are granted. By order of the Archbishop:

Signature: _____ Delegate of the Archbishop

Date/No. _____

Date Received _____

Lead Couple Assigned _____



THE ARCHDIOCESE
OF KANSAS CITY IN KANSAS

Marriage Preparation Registration Form

Today's Date: _____

Target Date of Wedding: _____

Groom: _____

Bride: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: Home _____ Cell/Alternate _____

Phone: Home _____ Cell/Alternate _____

Best time to call: _____

Best time to call: _____

E-mail: _____

E-mail: _____

Occupation: _____

Occupation: _____

Age: _____ Religion: _____

Age: _____ Religion: _____

Church attending: _____

Church attending: _____

How long couple has dated: _____

Length of couple's engagement: _____

Church of wedding: _____

Priest referring couple: _____

Church address: _____

Priest witnessing marriage: _____

PLEASE NOTE: Give any information that would be helpful to the Lead Couple for marriage preparation.
(i.e. pregnancy, prior marriage, children, religion, family, maturity, communication, etc.)

Remarriage Yes No Stepchildren Yes No

Preparing to Live in Love (Lead Couple Preparation)	School of Love Marriage Preparation	Preparing to Live in Love Weekend (where avail.)	Catholic Engaged Encounter Weekend	Agape On-Line Marriage Preparation (Exceptional Form only)
DAY/TIMES COUPLE IS AVAILABLE (LIST CHOICES)				
1.	1.	1.	1.	Reason couple can't use any ordinary preparation
2.	2.	2.	2.	
3.	3.	3.	3.	

PROCESSING

Marriage Preparation Coordinator: _____ Region _____

Date of session/s _____ Date evaluation sent to priest witnessing marriage: _____

FOR PARISH FILE

This form is to be kept in the parish where the marriage takes place or in the parish of the Catholic party when a dispensation from canonical form has been granted. (Canon 1121 § 3)

ARCHDIOCESE OF KANSAS CITY IN KANSAS

12615 Parallel Parkway, Kansas City, KS 66109

BRIDEGROOM

Name _____
Father _____
Mother _____
Date of birth _____
Residence _____
Parish _____
Diocese _____
Baptismal Date _____
Profession of Faith _____
Church _____
Place _____

BRIDE

Name _____
Father _____
Mother _____
Date of birth _____
Residence _____
Parish _____
Diocese _____
Baptismal Date _____
Profession of Faith _____
Church _____
Place _____

THE MARRIAGE TOOK PLACE IN THE CHURCH OF:

(City and State)

on date: _____

with the Reverend _____
officiating.

The following permission(s) / dispensation(s) were granted:

- Mixed Religion (with proof of non-Catholic baptism)
- Disparity of Cult "ad cautelam" proof not provided
- Disparity of Cult (non-Catholic never baptized)
- Consanguinity - degree
- Other _____
- Canonical Form
- Permission for priest to officiate in non-Catholic church.

WITNESSES:

and

Note: If this dispensation is not used within three months it should be returned to this Chancery office.

Dispensation Number

NIHIL OBSTAT

Date _____

(Delegate of the Archbishop)

Note: Notification of the parish of baptism is to be sent immediately after the ceremony.

**NOTIFICATION OF MARRIAGE
ARCHDIOCESE OF KANSAS CITY IN KANSAS**

Dear Father:

I am sending you the information listed below for entry in your baptismal register. May I ask that you please acknowledge receipt of this notice by signing the bottom of this notice and returning to us.

Name _____
Date of Baptism/ Reception _____
Church _____
Place _____
contracted marriage with
Name _____
at the Church of _____
Place _____
Date of Marriage _____
Priest _____
Address _____



Date _____

I have received notice of and entered into the baptismal register the marriage referred to above.

Priest _____
Church _____
Place _____

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ARCHDIOCESE OF KANSAS CITY IN KANSAS**

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Address _____



Date _____

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Priest _____
Church _____
Place _____

MARRIAGE PREPARATION SUMMARY

Type of Ceremony:

Date:

Time:

Celebrant:

Church:

City and State:

GROOM

Name _____ Age _____

Phone _____ Work _____

Email _____

Present Address _____

Religion _____

Occupation _____

BRIDE

Name _____ Age _____

Phone _____ Work _____

Email _____

Present Address _____

Religion _____

Occupation _____



INITIAL MEETING HELD ON

PAPERWORK SENT TO CHANCERY ON

PAPERWORK RECEIVED FROM CHANCERY ON

