

TO BE COMPLETED IN THE PARISH IN WHICH THE MARRIAGE WILL BE CELEBRATED

Name	of Bride:			
Addre	ss:			
Tel. No.:		Email: _		
Name	of Groom:			
Addre	ss:			
Tel. No.:		Email:		
Name	of Church:			
Propos	sed Date:	Time: _		
Declaration by the Couple			Yes	No
1.	Are you both o	ver the age of 18 years?		
	Have either of (Catholic or nor	you been married in any religious ceremony n- Catholic)?		
	If yes, has a Chu	rch annulment been obtained?		
	If yes, were the	re any conditions?		
2.	Have you ever l (Ireland of else	peen married in any civil ceremony where)?		
3.	Are you related	to each other by marriage or adoption?		
4.	Are you both Ca	atholic?		
	If not, please cl	arify?		
5.	Are you willing to assume your responsibilities for the civil notification and registration of your marriage?			
6.	Are you willing to attend a pre-marriage course?			
7.	7. Name of the priest who has formally agreed to officiate at the marriage ceremony?			
8.	If you are not li	ving in the Parish, payment should be enclosed.		
	Signed:	Bride	Date	-
		Groom	Date	_