



## FORM A: Pre-Marriage Testimony for Bride/Groom

Each party is to be interviewed separately. Please print clearly.

Ask: "Do you solemnly swear to tell the truth in answer to what you are about to be asked?"

Parish / City			
Name			
Address (Number/Street, City, State, ZIP Code)			
Home Telephone			
Work Telephone			
Mobile Telephone			
E-Mail Address			
Date of Birth		Place of Birth	
Father's Name		Religion	
Father's Address (Number, Street, City, State, ZIP Code)			
Mother's Name		Religion	
Mother's Address (Number, Street, City, State, ZIP Code)			
Have you been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, into which religion?	
When and where?			

(A recent baptismal certificate, issued with the past six months, is to be obtained when the party has been baptized in the Catholic Church.)

What is your religion now?		Do you practice it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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To be asked of converts:

When and where were you received into the Catholic Church?	
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To be asked of the Catholic party:

To which rite (Latin, Byzantine, Melkite) do you belong?	
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If the Catholic party or either of his/her parents have ever been or are now a member of any Eastern Catholic Church, the Tribunal is to be contacted for further information. (See Canon 1109.)

Where were you confirmed?		Date	
Have you ever left the Church by a formal act? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate date, place, etc.			
In which parish do you reside?		How long?	
Whom do you intend to marry?			
How long have you known each other?		Length of engagement?	
Has your intended spouse been married before, even civilly? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to whom, where, when, before what officiant?			
How did this marriage cease? <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment			
If this marriage has been declared null by an Ecclesiastical Tribunal, provide the following information:		Date of Decree: Diocese: Protocol Number:	
Have you been married before, even civilly? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to whom, where, when, before what officiant?			



How did this marriage cease? <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	
If this marriage has been declared null by an Ecclesiastical Tribunal, provide the following information:	Date of Decree: Diocese: Protocol Number:

Carefully inquire if any of the following obstacles to marriage are present:

Mixed Religion (non-Catholic is baptized)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disparity of Cult (non-Catholic is not baptized)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any physical or psychological problems that make it impossible to have normal marital relations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to your intended spouse by blood?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to your intended spouse by marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are any of the following diriment impediments applicable?

Age	<input type="checkbox"/> Yes <input type="checkbox"/> No	Perpetual religious vow	<input type="checkbox"/> Yes <input type="checkbox"/> No
Impotence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affinity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ordination	<input type="checkbox"/> Yes <input type="checkbox"/> No	Public propriety	<input type="checkbox"/> Yes <input type="checkbox"/> No
Abduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	Legal relationship from adoption	<input type="checkbox"/> Yes <input type="checkbox"/> No
Crime	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disparity of worship	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consanguinity	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Inquire if any of the following are applicable (see Canon 1071—a partial list follows):

The parties have no fixed residence ( <i>vagi</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
The marriage cannot be recognized by civil law	<input type="checkbox"/> Yes <input type="checkbox"/> No
One or both are minors whose parents are unaware of or oppose the marriage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever undergone psychiatric or psychological therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
Are you entering marriage free from any pressure or fear? <input type="checkbox"/> Yes <input type="checkbox"/> No	

The essentials of a valid marriage:

Do you sincerely intend a permanent marriage, one that excludes divorce? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you open to the possibility of having children from this marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sincerely intend to be faithful to your partner always? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you believe that your intended spouse has these same intentions? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you concealed anything significant about yourself or your state from your intended spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there anything else that should be made known regarding this marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No	

In addition to the mandatory six-month marriage preparation requirements at the parish level, participation in at least one of the following marriage preparation programs is required (please check which program the couple has chosen):

☐ Parish-based class      ☐ Engaged Encounter      ☐ Online (catholicmarriageprep.com)

Date	Signature of Bride/Groom	Signature of Priest / Deacon / Pastoral Minister
The priest records the following:		
1. Date and place of marriage _____		
2. Dispensations granted _____		
3. Delegation asked for or given _____		
4. Permission asked for or given _____		
5. Date of notice sent to parishes of baptism _____		

FORM A (Revised September 2017)