

PRENUPTIAL INVESTIGATION

DIOCESE OF BILOXI

PARISH: _____

CITY: _____

DATE OF MARRIAGE: _____

GROOM: _____

BRIDE: _____

ADDRESS: _____

PHONE NO.: _____

WITNESSES:

(If deposition is taken outside the Diocese of Biloxi, it must be reviewed by the Chancery Office where the party resides.)

Visum est: _____

Chancellor

Date, Place: _____

(Seal of Chancery)

The parties are to be interviewed separately and privately on the enclosed points. The Oath is to be explained and administered before taking the testimony. If the interview is conducted by other than the pastor, the pastor is to certify as to its completeness (cc. 1067, 1070, 530)

(Reviewed by Pastor)

GROOM

1. Do you solemnly swear to tell the truth in answering the following questions? _____
 2. Name: _____ SSN: _____
 3. Date of Birth: _____ Place of Birth: _____
 4. Baptism: Date: _____ Church: _____
(Obtain recent Certificate, with notations)
 5. Father: Name: _____ Religion (Rite) _____
 6. Mother: Maiden Name: _____ Religion (Rite) _____
 7. Other Sacraments: Communion: Yes ___ No ___ Confirmation: Yes ___ No ___
 8. Do you practice your faith regularly? _____
 9. (If under 18) Have your parents (guardians) consented to this marriage? _____
 10. Are you aware of any physical problem that would prevent a normal marital relationship? ___ If yes, please explain: _____
 11. Have you been married before? ___ If yes, complete information on each prior marriage on back of questionnaire.
 12. Are you related to your intended spouse by blood, marriage or legal adoption? ___ If yes, please explain relationship: _____
 13. Have you or your intended spouse vowed or solemnly promised not to marry? ___ If yes, please explain: _____
 14. Have you or your intended spouse ever received professional care for psychological or emotional difficulties? ___ If yes, please explain: _____
 15. Are you or your intended spouse being forced in any way to enter this marriage? _____
 16. Are you and your intended spouse giving unconditional consent to this marriage? _____ If no, please explain: _____
- (Permission of Ordinary is required if a condition concerning the present or past is present.)
17. Do you intend: To enter a life-long union? ___ To be faithful to your spouse for life? ___
To exercise the normal rights of marriage necessary to have children? _____

Date

Signature of Groom

Signature of Priest/Deacon/Delegate

Church City
(Parish Seal)

Person(s) involved in marriage preparation may wish to add comments or observations on the individual's readiness to enter into the Sacrament of Matrimony: _____

BRIDE

1. Do you solemnly swear to tell the truth in answering the following questions? _____
2. Name: _____ SSN: _____
3. Date of Birth: _____ Place of Birth: _____
4. Baptism: Date: _____ Church: _____
(Obtain recent Certificate, with notations)
5. Father: Name: _____ Religion (Rite) _____
6. Mother: Maiden Name: _____ Religion (Rite) _____
7. Other Sacraments: Communion: Yes ___ No ___ Confirmation: Yes ___ No ___
8. Do you practice your faith regularly? _____
9. (If under 18) Have your parents (guardians) consented to this marriage? _____
10. Are you aware of any physical problem that would prevent a normal marital relationship? ___ If yes, please explain: _____
11. Have you been married before? ___ If yes, complete information on each prior marriage on back of questionnaire.
12. Are you related to your intended spouse by blood, marriage or legal adoption? ___ If yes, please explain relationship: _____
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14. Have you or your intended spouse ever received professional care for psychological or emotional difficulties? ___ If yes, please explain: _____
15. Are you or your intended spouse being forced in any way to enter this marriage? _____
16. Are you and your intended spouse giving unconditional consent to this marriage? _____ If no, please explain: _____
(Permission of Ordinary is required if a condition concerning the present or past is present.)
17. Do you intend: To enter a life-long union? ___ To be faithful to your spouse for life? ___
To exercise the normal rights of marriage necessary to have children? _____

Date

Signature of Bride

Signature of Priest/Deacon/Delegate

Church City
(Parish Seal)

Person(s) involved in marriage preparation may wish to add comments or observations on the individual's readiness to enter into the Sacrament of Matrimony: _____

(Complete information on ALL prior marriages. Copy this page as needed)

<u>Prior Marriage:</u>	<u>Party:</u> _____
Date: _____	Place: _____
With whom: _____	
Type of Ceremony: _____	Official Witness: _____ (Church or Civil)
Date/Place of Divorce: _____	Date of Death of Prior Spouse: _____
Church Declaration of Nullity received:	Yes: ___ No: ___
Diocese: _____	Copy of Decree Enclosed: Yes: ___ No: ___
Date of Annulment: _____	Prot. No.: _____
Are obligations toward former spouse and children being met? _____	
While the bond of a previous marriage existed, did you and your intended spouse attempt marriage? _____	
(If yes, prudent inquiry about the impediment of Canon 1090 may, on occasion, be necessary.)	

<u>Prior Marriage:</u>	<u>Party:</u> _____
Date: _____	Place: _____
With whom: _____	
Type of Ceremony: _____	Official Witness: _____ (Church or Civil)
Date/Place of Divorce: _____	Date of Death of Prior Spouse: _____
Church Declaration of Nullity received:	Yes: ___ No: ___
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Are obligations toward former spouse and children being met? _____	
While the bond of a previous marriage existed, did you and your intended spouse attempt marriage? _____	
(If yes, prudent inquiry about the impediment of Canon 1090 may, on occasion, be necessary.)	

<u>PRENUPTIAL COUNSELING:</u>	
The Diocesan Marriage Preparation Policy requires Counseling when either party is under nineteen (19) years of age; when the woman is pregnant and either party is under 20 years of age; when the woman is pregnant prior to a decision to marry; and when the priest considers that either party is not ready to marry. It may also be required by the Decree of Nullity for a prior marriage. A summary of the observations, recommendations and the name(s) of the Counselor(s) may be outlined here: _____	

_____	_____
Name(s) of Counselors	Signature of Priest/Deacon/Delegate