



McRaith Catholic Center 600 Locust Street Owensboro, KY 42301 270/683-1545

PRENUPTIAL QUESTIONNAIRE

| | Groom | _ Parish |
|--------|--|--|
| | Bride | _ City |
| | (Each of the parties should b | e interviewed separately and personally) |
| Names | of Witnesses: | |
| Date o | f Wedding: | |
| GROOM | | |
| 1. | Name: | Phone: |
| | Address: | |
| 2. | Date of Birth: | Place: |
| 3. | Father: | Mother (Maiden): |
| 4. | Baptism: Religion: | Date: |
| 5. | What religion do you practice? | |
| 6. | If Catholic, in what parish do you reside? | |
| 7. | If Catholic, when and where were you confirmed? | |
| 8. | If not Catholic, have you ever been a Catholic? | |
| | If so, explain. | |
| 9. | Have you ever married or gone through a marriage ceremony? | |
| | A. With whom? | |
| | B. When? | |
| | C. Where? | |

(Death certificates of former spouses or decrees of invalidity must be presented.)

| 10. | Have you ever made religious profession or been ordained? | |
|-----|--|--|
| 11. | Are you related to your intended spouse by blood, marriage, or adoption? | |
| 12. | Are you aware of any physical or psychological impotence which you or your intended spouse might | |
| | have in having sexual relations? | |
| 13. | How long have you known your intended spouse? | |
| 14. | How long have you been engaged? | |
| 15. | Have either of you ever been treated for or suffered from any mental or emotional problems, or had a | |
| | chemical dependency upon alcohol or drugs? If yes, please explain: | |
| 16. | Have you concealed anything from your prospective spouse which if known might cause her to cancel or postpone this marriage? | |
| 17. | Are you entering this marriage freely and of your own accord, without force from any person or circumstance? | |
| 18. | Do you and your prospective spouse intend a permanent marriage, one which excludes divorce and | |
| | which can only be ended by death? | |
| 19. | Do you and your prospective spouse intend to be faithful to each other, loving and honoring each other | |
| | for the rest of your lives? | |
| 20. | Do you intend to have children in your marriage? | |
| 21. | Have you consulted your parents about this marriage? | |
| | Do they approve? | |

BRIDE

| 1. | Name: | Phone: | | |
|-----|--|-------------------------|--|--|
| | Address: | | | |
| 2. | Date of Birth: | Place: | | |
| 3. | Father: | Mother (Maiden): | | |
| 4. | Baptism: Religion: | Date: | | |
| | (A baptismal certificate issued within the last six months is required for Catholics.) | | | |
| 5. | What religion do you practice? | | | |
| б. | If Catholic, in what parish do you reside? | | | |
| 7. | If Catholic, when and where were you confirmed? | | | |
| 8. | If not Catholic, have you ever been a Catholic? | | | |
| | If so, explain | | | |
| 9. | Have you ever married or gone through a marriage ceremony? | | | |
| | A. With whom? | | | |
| | B. When? | | | |
| | C. Where? Death certificates of former spouses or decrees of nullity must be presented.) | | | |
| 10. | Have you ever made religious profession? | | | |
| 11. | Are you related to your intended spouse by blood, marriage, or adoption? | | | |
| 12. | Are you aware of any physical or psychological impotence which you or your intended spouse might | | | |
| | have in having sexual relations? | | | |
| | | | | |
| 13. | How long have you known your intended spouse? | | | |
| 14. | How long have you been engaged? | | | |
| 15. | Have either of you ever been treated for or suffered from any mental or emotional problems, or had a | | | |
| | Chemical dependency upon alcohol or drugs? | If yes, please explain: | | |

| 16. | Have you concealed anything from your prospective spouse which if known might cause him to cancel |
|-----|---|
| | or postpone this marriage? |

| 17. | Are you entering this marriage freely and of your own accord, without force from any person or |
|-----|--|
| | circumstance? |

- 18. Do you and your prospective spouse intend a permanent marriage, one which excludes divorce and which can only be ended in death?
- 19. Do you and your prospective spouse intend to be faithful to each other, loving, and honoring each other for the rest of your lives?

| 20. | Do you intend to have children in your marriage? |
|-----|--|
| 21. | Have you consulted your parents about this marriage? |
| | Do they approve? |

Signature of Bride

I, do hereby attest that these persons appeared before me personally and I believe them to be credible. I have all the necessary documents on file and will ensure that they receive the prescribed marriage preparation.

Priest/Pastoral Minister

DELEGATION

| I, the pastor/parochial vicar of the parish in which this marriage is to take place, hereby delegate | | |
|--|---|--|
| Rev | to witness the marriage in this parish. | |

Signed: _____ *Date:* _____

GENERAL NOTATIONS

- 1. All prenuptial papers are to be filed in the archives of the parish church where the marriage takes place.
- 2. If a Dispensation from Canonical Form is received from the Tribunal, the prenuptial papers are filed in the parish of the Catholic party.
- 3. If any type of Dispensation is received from the Tribunal, a record of the marriage is to be sent to the Tribunal immediately following the wedding.
- 4. A notification of the marriage of Catholics is to be sent to the church of baptism immediately following the wedding.

Date

Date