

PRENUPTIAL ENQUIRY

St. Thomas Syro-Malabar Catholic Church

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Ref. No.: Marriage Reg. No.: Date of Marriage:

(Placing his/her hand on the Bible)

I
Solemnly swear that I will tell the whole truth and nothing but the truth about all the matters upon which I am now asked to supply information.

		Bridegroom	Bride
1	Baptismal Name		
2	First Name		
3	Last Name		
4	Date of Birth	DD / MM / YYYY	DD / MM / YYYY
5	Date of Baptism	DD / MM / YYYY	DD / MM / YYYY
6	Name and Address of the Baptismal Parish		
7	Confirmation	DD / MM / YYYY	DD / MM / YYYY
8	Present Parish		
9	Envelope#		
10	Eparchy		
11	Religion		
12	Rite (CCEO cc. 29-38)	Syro-Malabar <input type="checkbox"/> Syro-Malankara <input type="checkbox"/> Latin <input type="checkbox"/> Other:	Syro-Malabar <input type="checkbox"/> Syro-Malankara <input type="checkbox"/> Latin <input type="checkbox"/> Other:
13	Nationality		
14	Profession/Occupation		
15	Present Condition	Bachelor <input type="checkbox"/> Widower <input type="checkbox"/>	Spinster <input type="checkbox"/> Widow <input type="checkbox"/>
16	Present Address		
	Since when?		
	Telephone No.	(Res.) (Off.)	(Res.) (Off.)
17	Permanent Address <i>If same as above tick <input type="checkbox"/></i>		
18	Address after Marriage <i>If same as above tick <input type="checkbox"/></i>		
19	Name & Address of Father		
20	Fathers' Religion		
21	Name & Address of Mother		
22	Mother's Religion		

23	Do your Parents know and approve of this Marriage?		
24	Have you been previously engaged to any other person		
	If so, was it done in the canonical form?		
	If so, has it been dissolved? if so, how?		
25	Have you been previously married, even civilly?		
	If so, give the other party's name		
	Place of Marriage		
	Date of Marriage	DD / MM / YYYY	DD / MM / YYYY
	Was this marriage dissolved in any way?		
	If so, Produce Original Documents		
	Is the other spouse dead? If yes, when and where? (Produce Death Certificate)		
Do you have children?			
26	Parishes/ Places where you have lived in for more than 6 months after reaching the marriageable age.		
27	For how long do you know each other?		
28	Is any sort of compulsion or pressure being exerted on you to contract this marriage?		
29	Do you know if the other party marries you freely?		
30	Are you related to each other (CCEO cc. 808-809)	by Consanguinity	by Consanguinity
	If so, by what degree	Affinity?	Affinity?
31	Are you aware of any impediment, civil or of Church Law that would make your marriage invalid or unlawful? (CCEO cc. 800-812)	Lack of age; Impotence; Prior marriage bond; Disparity of cult; Holy order; Public perpetual vows; Abduction; Conjugicide; Consanguinity in the direct line and up to 4th degree in the collateral line; Affinity in the direct line up to 2nd degree in the collateral line; Public propriety; Spiritual relationship; Relationship by adoption Yes <input type="checkbox"/> No <input type="checkbox"/>	Lack of age; Impotence; Prior marriage bond; Disparity of cult; Holy order; Public perpetual vows; Abduction; Conjugicide; Consanguinity in the direct line and up to 4th degree in the collateral line; Affinity in the direct line up to 2nd degree in the collateral line; Public propriety; Spiritual relationship; Relationship by adoption Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, specify		
32	Do you think that you have any ground that may vitiate your free consent of marriage? (CCEO cc. 818- 826)	Lack of sufficient use of reason; lack of due discretion of Judgement; Inability to assume the essential obligations of marriage; Ignorance, Error; Fraud; Error about the essential and validity of marriage; Simulation; Intention against unity, fidelity and children; Force and fear; and conditional consent Yes <input type="checkbox"/> No <input type="checkbox"/>	Lack of sufficient use of reason; lack of due discretion of Judgement; Inability to assume the essential obligations of marriage; Ignorance, Error; Fraud; Error about the essential and validity of marriage; Simulation; Intention against unity, fidelity and children; Force and fear; and conditional consent Yes <input type="checkbox"/> No <input type="checkbox"/>
33	Are you aware that concealing of a major ailment like AIDS, Mental Illness etc., could result in nullity of your marriage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

34	Do you understand and are you prepared to abide by the Catholic doctrine that marriage is, by its very nature, indissoluble for life?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
35	Do you know the main duties of married people to each other and to children?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
36	Do you require any dispensation or special permission?	Dispensation from Impediments, Form of Marriage, Betrothal, Publication of Banns, Permission for causes mentioned in CCEO c. 789; Permission for Mixed Marriage, Disparity of Cult, Place and Time of Marriage etc... Yes <input type="checkbox"/> No <input type="checkbox"/>	Dispensation from Impediments, Form of Marriage, Betrothal, Publication of Banns, Permission for causes mentioned in CCEO c. 789; Permission for Mixed Marriage, Disparity of Cult, Place and Time of Marriage etc... Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, specify		
37	Have you attended the Marriage Preparation Course?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
38	Have you anything else to add?		

Place of Marriage: Date of Marriage:

I solemnly declare and swear before God and in the presence of the undersigned witnesses that the above answers are true and that I am of legal age to marry and that I am not conscious of there being any impediment, either civil or Canon law except that of

to my intended marriage with

So help me God and these His Holy Gospel which I touch with my hand.

Name: Signature:

	1 st Witness	2 nd Witness
First & Last Name		
Parish		
Eparchy		
Address		
Signature		

Place: Date:

Parish Priest: Signature:

(Seal)

NB. The form duly filled shall be kept in the archives of the respective parishes of the parties.