

## ARCHDIOCESE OF BALTIMORE – PRENUPTIAL INVESTIGATION

*The Second Vatican Council accented the sacredness of marriage when it said that married love combines both the human and the divine. While married love is eminently human love that embraces the good of the whole person, it also participates in a special way in the divine love of God for his people. Thus, marriage is a most sacred state. In fact, the Council stated that the wellbeing of the individual person and both human and Christian society is bound up with the healthy state of married and family life. For these reasons, the following questions are asked to establish the preparedness, the freedom, and the right intentions of a party seeking marriage in the Church.*

*(These questions are to be asked of each party to the marriage separately and privately.)*

### GROOM

Do you swear to tell the whole truth and nothing but the truth when answering the following questions? \_\_\_\_\_

1. Full Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Zip \_\_\_\_\_

2. What is your religion \_\_\_\_\_

(If only one party to the marriage is a Latin Rite Catholic, the following question must be asked.) Do you intend to have any marriage ceremony other than the Catholic one? \_\_\_\_\_

(If the party is a Catholic, this question must be asked.) Are you at present a practicing Catholic? \_\_\_\_\_

3. In what parish do you live? Or of what church are you a member? \_\_\_\_\_

How long have you lived in it/belonged to it? \_\_\_\_\_

4. In what dioceses have you lived since the age of fourteen? \_\_\_\_\_

5. Father's Full Name \_\_\_\_\_

Father's Religion \_\_\_\_\_

6. Mother's Full Name (*Maiden*) \_\_\_\_\_

Mother's Religion \_\_\_\_\_

7. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

8. Date of Baptism \_\_\_\_\_

Church of Baptism \_\_\_\_\_ City \_\_\_\_\_

9. Have you been confirmed? \_\_\_\_\_

Have you ever attempted or contracted marriage

10. before? \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_ Spouse \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_ Spouse \_\_\_\_\_

11. How was this marriage dissolved? \_\_\_\_\_

Death:                      Date \_\_\_\_\_ Proof \_\_\_\_\_

Church Decree:              Date \_\_\_\_\_ Proof \_\_\_\_\_

12. Have you ever received Sacred Orders or made public vows in a Religious Institute? \_\_\_\_\_

13. When did you become engaged? \_\_\_\_\_

14. Are you related to your intended spouse? \_\_\_\_\_

By blood \_\_\_\_\_ Degree of Relationship \_\_\_\_\_

By marriage \_\_\_\_\_ Degree of Relationship \_\_\_\_\_

By adoption \_\_\_\_\_ Degree of Relationship \_\_\_\_\_

15. (If either party is widowed, these questions must be asked.) While your deceased wife was living, did you have any idea of marrying your intended spouse? (If the answer is yes, check for the impediment of crime.) \_\_\_\_\_

16. Are there any physical or psychological reasons that may prevent you from having sexual intercourse? \_\_\_\_\_

17. Do you intend to have children in this marriage? \_\_\_\_\_

(If the question is answered in the negative, the Chancery must be consulted.)

18. Have you ever been under the care of a doctor for any serious or prolonged mental or nervous illness? \_\_\_\_\_

(If yes, the priest or deacon shall obtain a recent doctor's statement on the person's condition for entering marriage).

19. Is any person or circumstance forcing or inducing you to enter this marriage against your will? \_\_\_\_\_

20. Are you placing any conditions to your marriage consent? \_\_\_\_\_

(If yes, consult the Chancery).

21. Are there any personal qualities of yours unknown to your intended spouse that might affect her willingness to marry you?  
\_\_\_\_\_

22. Do you intend to be faithful to your wife always? \_\_\_\_\_

23. Do you intend to enter a permanent marriage that can be dissolved only by death? \_\_\_\_\_

24. Do you realize the obligations which marriage entails? \_\_\_\_\_

Are you able to assume these obligations? \_\_\_\_\_

25. (If the party is under twenty-one years of age, this question must be asked.) Do your parents have any objection to this marriage? \_\_\_\_\_

26. Are you now willing to sign this document as evidence of the truth of your testimony? \_\_\_\_\_

Signature of Groom \_\_\_\_\_ Place \_\_\_\_\_

Signature of Priest or Deacon \_\_\_\_\_ Date \_\_\_\_\_

# BRIDE

Do you swear to tell the whole truth and nothing but the truth when answering the following questions? \_\_\_\_\_

1. Full Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Zip \_\_\_\_\_

2. What is your religion \_\_\_\_\_

(If only one party to the marriage is a Latin Rite Catholic, the following question must be asked.) Do you intend to have any marriage ceremony other than the Catholic one? \_\_\_\_\_

(If the party is a Catholic, this question must be asked.) Are you at present a practicing Catholic? \_\_\_\_\_

3. In what parish do you live? Or of what church are you a member? \_\_\_\_\_

How long have you lived in it/belonged to it? \_\_\_\_\_

4. In what dioceses have you lived since the age of twelve? \_\_\_\_\_

5. Father's Full Name \_\_\_\_\_

Father's Religion \_\_\_\_\_

6. Mother's Full Name (*Maiden*) \_\_\_\_\_

Mother's Religion \_\_\_\_\_

7. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

8. Date of Baptism \_\_\_\_\_

Church of Baptism \_\_\_\_\_ City \_\_\_\_\_

9. Have you been confirmed? \_\_\_\_\_

Have you ever attempted or contracted marriage

10. before? \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_ Spouse \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_ Spouse \_\_\_\_\_

11. How was this marriage dissolved? \_\_\_\_\_

Death: Date \_\_\_\_\_ Proof \_\_\_\_\_

Church Decree: Date \_\_\_\_\_ Proof \_\_\_\_\_

12. Have you ever made public vows in a Religious Institute? \_\_\_\_\_

13. When did you become engaged? \_\_\_\_\_

14. Are you related to your intended spouse? \_\_\_\_\_  
 By blood \_\_\_\_\_ Degree of Relationship \_\_\_\_\_  
 By marriage \_\_\_\_\_ Degree of Relationship \_\_\_\_\_  
 By adoption \_\_\_\_\_ Degree of Relationship \_\_\_\_\_
15. (If either party is widowed, this questions must be asked.) While your deceased husband was living, did you have any idea of marrying your intended spouse? (If the answer is yes, check for the impediment of crime.) \_\_\_\_\_
16. Are there any physical or psychological reasons that may prevent you from having sexual intercourse? \_\_\_\_\_
17. Do you intend to have children in this marriage? \_\_\_\_\_  
 (If the question is answered in the negative, the Chancery must be consulted.)
18. Have you ever been under the care of a doctor for any serious or prolonged mental or nervous illness? \_\_\_\_\_  
 (If yes, the priest or deacon shall obtain a recent doctor's statement on the person's condition for entering marriage).
19. Is any person or circumstance forcing or inducing you to enter this marriage against your will? \_\_\_\_\_
20. Are you placing any conditions to your marriage consent? \_\_\_\_\_  
 (If yes, consult the Chancery).
21. Are there any personal qualities of yours unknown to your intended spouse that might affect his willingness to marry you?  
 \_\_\_\_\_
22. Do you intend to be faithful to your husband always? \_\_\_\_\_
23. Do you intend to enter a permanent marriage that can be dissolved only by death? \_\_\_\_\_
24. Do you realize the obligations which marriage entails? \_\_\_\_\_  
 Are you able to assume these obligations? \_\_\_\_\_
25. (If the party is under twenty-one years of age, this question must be asked.) Do your parents have any objection to this marriage? \_\_\_\_\_
26. Are you now willing to sign this document as evidence of the truth of your testimony? \_\_\_\_\_

Signature of Bride \_\_\_\_\_ Place \_\_\_\_\_

Signature of Priest or Deacon \_\_\_\_\_ Date \_\_\_\_\_

Place of Marriage \_\_\_\_\_ Name of Witnesses \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Dates of Marriage Preparation \_\_\_\_\_ Officiant of Marriage \_\_\_\_\_

Date and Time of Rehearsal \_\_\_\_\_ Delegation Granted by \_\_\_\_\_  
*(If applicable)*