

For Parish Use	For Diocesan Use
Bapt. Cert. <input type="checkbox"/>	Nihil Obstat <input type="checkbox"/>
Date confirmed <input type="checkbox"/>	Visum Est <input type="checkbox"/>
Celebrant assigned:	Delegation given <input type="checkbox"/>

DIOCESE OF VENICE
PRE-NUPTIAL QUESTIONNAIRE

Instructions: The parties ought to be questioned separately with the priest/deacon proposing the question and recording the answer. In investigating the freedom to marry by the attached questions, the priest/deacon ought to take the opportunity to once again help the couple understand the essential properties of Marriage according to Catholic Doctrine.

<u>BRIDE</u>	Date of Birth:	Age:
Full Name	Primary Email:	
Address	City/State/Zip	
Occupation	Primary Phone	
Religion	Practicing Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/>	
Parish/Church		
Father's Name	Religion	
Mother's Maiden Name	Religion	
Are you Baptized	Yes <input type="checkbox"/> No <input type="checkbox"/>	Church Baptized into
Convert to Catholicism	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Received Church
Church of Reception	City	
If Catholic were you confirmed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Church of Confirmation	City	
How long have you and your fiancé dated, been engaged?		
Have you ever been married before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Civilly <input type="checkbox"/> Religiously <input type="checkbox"/> or by common law? <input type="checkbox"/>
If married before how many times	See box on next page for all prior Marriages	
Has your Fiancé be married before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, how many times?
For Catholics: Have you taken public vows as a religious?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were you dispensed by the Holy See?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, include Certificate of Dispensation
Are you and your fiancé related by blood, marriage or adoption?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, who is your common ancestor/relative?		
Is there any physical defect preventing sexual consummation of the Marriage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you giving consent to Marriage freely?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any conditions attached to your consent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you being forced or pressured into Marriage by anyone or by circumstances?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you understand that Marriage is a partnership of the whole of life?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you understand that Marriage is for your lifetime?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you understand your spouse will have the right to conjugal life and to children?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you understand that Marriage entails exclusive fidelity to your spouse	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you or your fiancé been treated for psychiatric problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do your parents know about and approve of the Marriage? (Required if under 19)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If any of the answers above indicate impediments explain in the comments section</i>		
Date and time of proposed ceremony?		
Name of Best man/ Maid of Honor	1.	2.
Will Banns be published?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

