



DIOCESE OF FORT WAYNE-SOUTH BEND

Office of the Vicar General/Chancellor

Archbishop Noll Catholic Center

P.O. Box 390 . 915 South Clinton Street . Fort Wayne, IN 46801

Telephone: (260) 422-4611. Direct Telephone: (260) 399-1419 . Fax: (260) 969-9145

MARRIAGE REGISTRATION FORM

(PLEASE PRINT) **This form must be sent to the Chancery:** (a) if a Dispensation, Permission or Nihil Obstat is needed (see page 4); (b) if the marriage will take place in another diocese; (c) if there is a question about the marriage.

GROOM		BRIDE	
RELIGION		RELIGION	
Date of Marriage/Validation	<input type="checkbox"/> Validation Date of Civil Marriage _____	<input type="checkbox"/> Mixed Marriage	<input type="checkbox"/> Teenage Marriage
Priest/Pastoral Minister Arranging Marriage			
Clergy Officiating			
Denomination			
Church of Marriage			<input type="checkbox"/> Delegation Received
Denomination			
Address, City, State, Zip			
Best Man		Maid/Matron of Honor	
<u>DELEGATION</u>			
Delegation to witness the marriage is needed for VALIDITY of the marriage if the person officiating is not the pastor or associate pastor of the parish in which the marriage takes place.			
Delegation is granted by _____			
Parish _____		Date _____	
<u>TESTIMONIAL LETTER FROM ANOTHER DIOCESE</u>			
When the forms are filled out in another diocese, they should be sent to the local chancery to be forwarded to the diocesan chancery within which the marriage is to take place.			
Delegate of Bishop _____			
Diocese _____		Date _____	
<u>PERMISSION</u>			
If the marriage will take place in a parish other than that (a) of both Catholic parties, or (b) of the Catholic party in a mixed marriage, permission of their proper pastor is required. A letter of permission suffices.			
Permission is granted by _____ Date _____			
Parish _____		City/State/Zip _____	

(Each party should be interviewed under oath. The interviewer should propose the questions and write the answers. The parties may be interviewed separately at the discretion of the interviewer) **Do you solemnly swear to tell the truth in answering the following questions?**

PLEASE PRINT	GROOM	BRIDE
Full Name		
Address		
City, State, Zip		
Home Phone		
Work Phone		
Current Home Parish City/State/Zip		
Father's Name		
Religion		
Mother's Maiden Name		
Religion		
Parent's Address		
Your Date of Birth		
Your Place of Birth		
Religion You Profess		
Baptized	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date of Baptism		
Denomination		
Church of Baptism		
City/State/Zip		
Convert to Catholicism	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Church of Profession of Faith		
Date of Profession of Faith		
City/State/Zip		
First Communion	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Confirmation	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Extent You Practice Your Faith	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Length of Exclusive Courtship		

AFTER MARRIAGE

- (A) Record Marriage and file papers in parish of marriage.
 (B) Send Notice of marriage to Catholic parties' parish of baptism.
 (C) If wedding takes place in non-Catholic church: record marriage and file papers in parish of priest/pastoral minister arranging the marriage.