

# DIOCESE OF LA CROSSE PRENUPTIAL QUESTIONNAIRE

*Please print or type all  
information. This form is to be  
kept in the parish marriage file.*

## FOR PARISH USE ONLY

Groom _____	Bride _____			
Date of Marriage _____	Time _____			
Church & Place of Marriage _____	Celebrant _____			
Witness 1 _____	Witness 2 _____			
Notification to Parish of Baptism of Groom	<input type="checkbox"/> Sent	<input type="checkbox"/> Acknowledged	<input type="checkbox"/> Unbaptized	<input type="checkbox"/> Parish of Baptism is Parish of Marriage
Notification to Parish of Baptism of Bride	<input type="checkbox"/> Sent	<input type="checkbox"/> Acknowledged	<input type="checkbox"/> Unbaptized	<input type="checkbox"/> Parish of Baptism is Parish of Marriage

## DELEGATION

(Canons 137 §3 and 1111 §§1-2)

I, the undersigned pastor / parochial vicar / deacon, hereby grant to \_\_\_\_\_  
Name of Delegated Priest or Deacon

the faculty to assist within the limits of my parish at the marriage designated above.

\_\_\_\_\_  
Signature of Priest / Parochial Vicar / Deacon

\_\_\_\_\_  
Date

IF THE DELEGATED PRIEST OR DEACON IS FROM ANOTHER DIOCESE, PLEASE ENSURE THAT A LETTER OF SUITABILITY IS SENT TO THE DIOCESE OF LA CROSSE BEFORE THE MARRIAGE IS WITNESSED.

## FOR CHANCERY USE ONLY

*Visum Est*

*Nihil Obstat*

# FOR THE GROOM

TO BE QUESTIONED ALONE AND UNDER OATH AND FILLED OUT BY THE INTERVIEWER

**OATH:** Having God as your witness, do you solemnly swear to tell the truth in answer to the following questions? \_\_\_\_\_  
Groom's Initials

**Name** \_\_\_\_\_  
First Middle Last Suffix

**Address** \_\_\_\_\_  
Street Address

City State ZIP **Primary Tel.** \_\_\_\_\_  H  C

**E-Mail** \_\_\_\_\_ **Work Tel.** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_  
Month-Day-Year City, State, Country (if outside the USA)

**Father's Name** \_\_\_\_\_  
First Middle Last Suffix

**Father**  Living  Deceased **Year of death** \_\_\_\_\_ **Father's Religion** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_  
First Middle Last \* Maiden \*

**Mother**  Living  Deceased **Year of death** \_\_\_\_\_ **Mother's Religion** \_\_\_\_\_

**Have you been baptized?**

Yes  No **Denomination** \_\_\_\_\_ **Date of Baptism** \_\_\_\_\_  
Month-Day-Year

**Church of Baptism** \_\_\_\_\_ **Place of Baptism** \_\_\_\_\_  
Name of Church City, State, Country (if outside the USA)

*TO BE ASKED OF THOSE WHO HAVE BEEN RECEIVED INTO FULL COMMUNION WITH THE CATHOLIC CHURCH AFTER BAPTISM:*

**Date of Reception into Full Communion** \_\_\_\_\_ **In what Church?** \_\_\_\_\_  
Month-Day-Year Name of Church

**Place of Church** \_\_\_\_\_  
City, State, Country (if outside the USA)

*TO BE ASKED OF ALL WHO ARE OR HAVE BEEN CATHOLIC BY BAPTISM OR PROFESSION OF FAITH:*

**Are you a member of the Latin Church of the Catholic Church?**  Yes  No

If **no**, of what Church *sui iuris* are you a member? \_\_\_\_\_  
e.g., Ruthenian Byzantine, Ukrainian Greek, Melkite Greek, etc.

**Have you received the Sacrament of Confirmation?**

Yes  No If **yes**, date of Confirmation \_\_\_\_\_  
Month-Day-Year

If **yes**, Church of Confirmation \_\_\_\_\_ **Place** \_\_\_\_\_  
Name of Church City, State, Country (if outside the USA)

**Have you received First Holy Communion?**

Yes  No If **yes**, date of First Communion \_\_\_\_\_  
Month-Day-Year

If **yes**, Church of First Communion \_\_\_\_\_ **Place** \_\_\_\_\_  
Name of Church City, State, Country (if outside the USA)

Have you ever FORMALLY left the Roman Catholic Church?  Yes  No

If yes, please give an explanation and the date it occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What faith are you now practicing? \_\_\_\_\_

To what parish do you now belong? \_\_\_\_\_

Parish Name

City, State

Have you ever been ordained to the diaconate or the priesthood?  Yes  No

If yes, have you been dispensed from the obligations of Sacred Orders and celibacy?  Yes  No

PLEASE NOTE: An authentic copy of the rescript(s) granting the dispensations is to be presented to the person preparing the couple for marriage. The copy of the rescript(s) and this Prenuptial Questionnaire are to be forwarded to the Chancellor for the nihil obstat.

Have you ever made a public perpetual vow of chastity in a religious institute?  Yes  No

If yes, have you been dispensed from the obligation of the vow?  Yes  No

PLEASE NOTE: An authentic copy of the indult of secularization is to be presented to the person preparing the couple for marriage. The copy of the indult of secularization and this Prenuptial Questionnaire are to be forwarded to the Chancellor for the nihil obstat.

Have you ever been married or attempted marriage?  Yes  No If yes, how many times? \_\_\_\_\_

If yes, please give the following information about each marriage, including the current marriage if this is a convalidation. For additional marriages, please give the information requested below on a separate sheet and attach it to this page.

FIRST MARRIAGE

SECOND MARRIAGE

A. With whom? \_\_\_\_\_

B. Her religion? \_\_\_\_\_

C. When? \_\_\_\_\_

D. Where? \_\_\_\_\_

E. Who officiated? (priest, deacon, minister, rabbi, civil official, or similar) \_\_\_\_\_

F. Is this former spouse still living?  Yes  No  Yes  No

PLEASE NOTE: If a former spouse has died, an authentic copy of the death certificate is to be presented to the person preparing the couple for marriage.

G. Has the Church declared the marriage null?  Yes  No  Yes  No

PLEASE NOTE: If a prior marriage has been declared null by the Church, an authentic copy of the declaration of nullity is to be presented to person preparing the couple for marriage. The copy of the declaration of nullity and this Prenuptial Questionnaire are to be forwarded to the Chancellor for the nihil obstat.

H. Do obligations remain? (cf. Can. 1071, §1, 3º)  Yes  No  Yes  No

PLEASE NOTE: The priest, deacon, or pastoral associate is to make certain that natural obligations to a former spouse and children arising from a previous union are being fulfilled faithfully

LACK OF CANONICAL FORM: If a marriage is held to have lacked canonical form, the following are to be forwarded to the Chancellor: this Prenuptial Questionnaire, a recently issued baptismal certificate of the Catholic party, the testimony of a reliable and competent witness (Form M-B), the marriage certificate, the civil decree of divorce/annulment, and a completed Invalid Marriage Form (Form M-C).

Are you related to your fiancée by blood, adoption, or marriage? (cf. Canons 1091, 1092, 1094)  Yes  No

If yes, how so? \_\_\_\_\_  
\_\_\_\_\_

Were you ever married to or cohabiting with the mother or daughter of your fiancée? (cf. Can. 1093)  Yes  No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

How long have you been going out with your fiancée? \_\_\_\_\_ How long engaged? \_\_\_\_\_

Do you understand the nature of marriage?  Yes  No

Do you agree without condition:

- To enter a marriage that is for life?  Yes  No  
To be faithful to your spouse for as long as she lives?  Yes  No  
To give your spouse the right to non-contraceptive intercourse?  Yes  No

Do you have any reason to believe that you may be sexually impotent? (cf. Can. 1084)  Yes  No

If yes, why? \_\_\_\_\_  
\_\_\_\_\_

Are you suffering from any psychological condition which may affect your capacity to consent to marriage? (cf. Can.1095)  Yes  No

If yes, how? \_\_\_\_\_  
\_\_\_\_\_

Do you feel forced in any way, by any person or circumstances, to enter this marriage? (cf. Canons 1089, 1103)  Yes  No

If yes, how so? \_\_\_\_\_  
\_\_\_\_\_

Is there anything else which you wish to make known regarding this marriage?  Yes  No

If yes, what? \_\_\_\_\_  
\_\_\_\_\_

## SIGNATURES

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Groom Month-Day-Year

*I, the undersigned, declare that the person whose signature is affixed above appeared before me personally; that I asked him the above questions under oath and personally recorded the answers given; that he was interviewed separately; that no one else was present during the questioning; that I am satisfied as to the identity of the party; that I have on file all necessary documents; and that the parties have been instructed in accord with the law of the Church.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Interviewer Month-Day-Year

Parish \_\_\_\_\_ Place \_\_\_\_\_  
Name City, State

The interviewer is to check one of the following:

- I am morally certain of the freedom of the groom to enter this marriage and do hereby so attest.  
 Since I personally do not have moral certitude of the freedom of the groom to enter this marriage, (Parish Seal)  
I hereby attach the testimony of a reliable and competent witness (Form M-B).

# FOR THE BRIDE

TO BE QUESTIONED ALONE AND UNDER OATH AND FILLED OUT BY THE INTERVIEWER

**OATH:** Having God as your witness, do you solemnly swear to tell the truth in answer to the following questions? \_\_\_\_\_  
Bride's Initials

**Name** \_\_\_\_\_  
First Middle \* Last/Maiden \* \* Maiden, If Different \*

**Address** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State ZIP **Primary Tel.** \_\_\_\_\_  H  C

**E-Mail** \_\_\_\_\_ **Work Tel.** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_  
Month-Day-Year City, State, Country (if outside the USA)

**Father's Name** \_\_\_\_\_  
First Middle Last Suffix

**Father**  Living  Deceased **Year of death** \_\_\_\_\_ **Father's Religion** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_  
First Middle Last \* Maiden \*

**Mother**  Living  Deceased **Year of death** \_\_\_\_\_ **Mother's Religion** \_\_\_\_\_

**Have you been baptized?**

Yes  No **Denomination** \_\_\_\_\_ **Date of Baptism** \_\_\_\_\_  
Month-Day-Year

**Church of Baptism** \_\_\_\_\_ **Place of Baptism** \_\_\_\_\_  
Name of Church City, State, Country (if outside the USA)

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Month-Day-Year Name of Church

**Place of Church** \_\_\_\_\_  
City, State, Country (if outside the USA)

*TO BE ASKED OF ALL WHO ARE OR HAVE BEEN CATHOLIC BY BAPTISM OR PROFESSION OF FAITH:*

**Are you a member of the Latin Church of the Catholic Church?**  Yes  No

If **no**, of what Church *sui iuris* are you a member? \_\_\_\_\_  
e.g., Ruthenian Byzantine, Ukrainian Greek, Melkite Greek, etc.

**Have you received the Sacrament of Confirmation?**

Yes  No **If yes**, date of Confirmation \_\_\_\_\_  
Month-Day-Year

**If yes**, Church of Confirmation \_\_\_\_\_ **Place** \_\_\_\_\_  
Name of Church City, State, Country (if outside the USA)

**Have you received First Holy Communion?**

Yes  No **If yes**, date of First Communion \_\_\_\_\_  
Month-Day-Year

**If yes**, Church of First Communion \_\_\_\_\_ **Place** \_\_\_\_\_  
Name of Church City, State, Country (if outside the USA)

Have you ever **FORMALLY** left the Roman Catholic Church?  Yes  No

If **yes**, please give an explanation and the date it occurred \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What faith are you now practicing? \_\_\_\_\_

To what parish do you now belong? \_\_\_\_\_

Have you ever made a public perpetual vow of chastity in a religious institute?  Yes  No

If **yes**, have you been dispensed from the obligation of the vow?  Yes  No

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**FIRST MARRIAGE**

**SECOND MARRIAGE**

- A. With whom? \_\_\_\_\_
- B. His religion? \_\_\_\_\_
- C. When? \_\_\_\_\_
- D. Where? \_\_\_\_\_
- E. Who officiated? (priest, deacon, minister, rabbi, civil official, or similar)  
\_\_\_\_\_

F. Is this former spouse still living?  Yes  No  Yes  No

*PLEASE NOTE: If a former spouse has died, an authentic copy of the death certificate is to be presented to the person preparing the couple for marriage.*

G. Has the Church declared the marriage null?  Yes  No  Yes  No

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*PLEASE NOTE: The priest, deacon, or pastoral associate is to make certain that natural obligations to a former spouse and children arising from a previous union are being fulfilled faithfully*

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Are you related to your fiancé by blood, adoption, or marriage? (cf. Canons 1091, 1092, 1094)  Yes  No

If yes, how so? \_\_\_\_\_

\_\_\_\_\_

Were you ever married to or cohabiting with the father or son of your fiancé? (cf. Can. 1093)  Yes  No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

How long have you been going out with your fiancé? \_\_\_\_\_ How long engaged? \_\_\_\_\_

Do you understand the nature of marriage?  Yes  No

Do you agree without condition:

To enter a marriage that is for life?  Yes  No

To be faithful to your spouse for as long as he lives?  Yes  No

To give your spouse the right to non-contraceptive intercourse?  Yes  No

Do you have any reason to believe that you may be sexually impotent? (cf. Can. 1084)  Yes  No

If yes, why? \_\_\_\_\_

\_\_\_\_\_

Are you suffering from any psychological condition which may affect your capacity to consent to marriage? (cf. Can.1095)  Yes  No

If yes, how? \_\_\_\_\_

\_\_\_\_\_

Do you feel forced in any way, by any person or circumstances, to enter this marriage? (cf. Canons 1089, 1103)  Yes  No

If yes, how so? \_\_\_\_\_

\_\_\_\_\_

Is there anything else which you wish to make known regarding this marriage?  Yes  No

If yes, what? \_\_\_\_\_

## SIGNATURES

Signature \_\_\_\_\_ Date \_\_\_\_\_

Bride

Month-Day-Year

*I, the undersigned, declare that the person whose signature is affixed above appeared before me personally; that I asked her the above questions under oath and personally recorded the answers given; that she was interviewed separately; that no one else was present during the questioning; that I am satisfied as to the identity of the party; that I have on file all necessary documents; and that the parties have been instructed in accord with the law of the Church.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Interviewer

Month-Day-Year

Parish \_\_\_\_\_ Place \_\_\_\_\_

Name

City, State

(Parish Seal)

*The interviewer is to check one of the following:*

- I am morally certain of the freedom of the bride to enter this marriage and do hereby so attest.
- Since I personally do not have moral certitude of the freedom of the bride to enter this marriage, I hereby attach the testimony of a reliable and competent witness (Form M-B).