



## BRIDE QUESTIONNAIRE

Each party is to be interviewed by the cleric separately. The cleric is to pose the questions and record the responses.

### BRIDE INFORMATION

First name: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_  
Middle name: \_\_\_\_\_ Church of Baptism: \_\_\_\_\_  
Current last name: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
Address: \_\_\_\_\_ Length of courtship: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Length of engagement: \_\_\_\_\_  
Parish: \_\_\_\_\_ Father's first & last name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Father's religion: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mother's first & maiden name: \_\_\_\_\_  
Email: \_\_\_\_\_ Mother's religion: \_\_\_\_\_

### FOR CATHOLICS ONLY

First Communion: Yes  No

Confirmation: Yes  No

Extent you practice the faith:

Regularly  Occasionally  Seldom  Never

**CONVERT TO CATHOLICISM:** Yes  No

If so, name of Church of Baptism or profession of faith: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

### QUESTIONS

Do you swear to tell the whole truth in answering the following questions? Yes  No

Is there any major fact about you, either in the present or the past, which you have not made known to your proposed spouse and which might affect his willingness to marry you? Yes  No

Are you placing any conditions, restrictions or reservations of any kind to your consent to this marriage (for example, a prenuptial agreement)? Yes  No

Are you related to your intended spouse by blood, adoption, or marriage? Yes  No

Have you ever suffered from any serious or prolonged mental illness? Yes  No

(If yes, please see reverse side\*)

Do either party's parents have any objections to this marriage? Yes  No

Are you willing to be faithful to each other until death? Yes  No

Are you open to conceiving children, and caring for and educating them? Yes  No

Are you or your fiancée bound by the impediments of age; impotence; sacred orders; public perpetual vow of chastity; abduction; crime; public propriety; or adoption? Yes  No

Is either parent or grandparent a member of, or baptized in, an Eastern Rite of the Catholic Church? (If yes, please see reverse side\*\*) Yes  No

Have you ever been married previously in a civil or religious ceremony? Yes  No

(If yes, please see reverse side\*\*)

**\* If you have been treated for a serious or prolonged mental illness, please explain:**

**\*\* Please indicate the rite of the Eastern Catholic Church of:**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
Paternal grandfather: \_\_\_\_\_ Maternal grandfather: \_\_\_\_\_  
Paternal grandmother: \_\_\_\_\_ Maternal grandmother: \_\_\_\_\_

**\*\*\* Prior marriages**

Attach all the following documents for each marriage, as applicable:  
Divorce decree, annulment decree, death certificate.

**1) Name of other party:** \_\_\_\_\_ **2) Name of other party:** \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_ Place: \_\_\_\_\_

Has this spouse died? \_\_\_\_\_ Has this spouse died? \_\_\_\_\_

If so, when? \_\_\_\_\_ If so, when? \_\_\_\_\_

Has the Catholic Church granted a declaration of nullity or dissolution of this marriage? \_\_\_\_\_ Has the Catholic Church granted a declaration of nullity or dissolution of this marriage? \_\_\_\_\_

If so, name of Tribunal: \_\_\_\_\_ If so, name of Tribunal: \_\_\_\_\_

Case number and date: \_\_\_\_\_ Case number and date: \_\_\_\_\_

If there are additional prior marriages, provide information on a separate sheet and check here .

Who will be your witness for the marriage? \_\_\_\_\_

For convalidations, do you understand that this is a "new" marriage in the Catholic Church and not merely the "blessing of an existing marriage?" Yes  No

**I attest and certify that I have truthfully answered the above questions.**

\_\_\_\_\_  
Signature of the Bride

\_\_\_\_\_  
Signature of cleric

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name and office of the cleric



\_\_\_\_\_  
Parish

\_\_\_\_\_  
Date