



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?
(If yes, please see reverse side*) Yes ☐ No ☐

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?
(If yes, please see reverse side***) Yes ☐ No ☐

*** 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 ☐

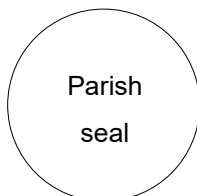
I attest and certify that I have truthfully answered the above questions.

Signature of the Bride

Signature of cleric

Date

Printed name and office of the cleric



Parish

Date