

**ROMAN CATHOLIC DIOCESE OF CHARLOTTE  
PRE-NUPTIAL INVESTIGATION**

**REQUIRED PROCEDURES**

1. Ordinary cases:
  - a. Pre-nuptial form/documents are filed in the parish church where the marriage takes place.
  - b. Cases of Mixed Religion and/or Disparity of Cult (even *ad cautelam*): the Catholic party must have a domicile or quasi-domicile or be actually present in the Diocese when the Permission/Dispensation is granted. Otherwise the Permission/Dispensation must be obtained from the Ordinary of the place in which the Catholic party has a domicile or quasi-domicile.
2. If a priest/deacon goes to another Catholic church to witness a marriage, he must:
  - a. Obtain delegation from the proper pastor. This is necessary for **validity**.
  - b. File the Pre-nuptial documents with the parish where the marriage takes place.
3. Cases of Mixed Religion and/or Disparity of Cult (even *ad cautelam*) when the marriage is to be celebrated according to the Catholic Form in a place other than the Catholic church:
  - a. Permission/Dispensation must be obtained from the Chancery. If the marriage is to take place in a place other than a church, permission must also be obtained.
  - b. The priest/deacon is to obtain delegation from the Catholic pastor in whose territory the place of marriage is located. This is necessary for **validity**.
  - c. The Pre-nuptial documents are to be filed in the Catholic parish in whose boundaries the marriage took place.
4. Dispensation from Canonical Form:
  - a. If the marriage is to take place in another diocese, the priest/deacon must request dispensation far enough in advance to allow time to contact the local ordinary of the place where the marriage is to take place (canon 1127, §2).
  - b. The Pre-Nuptial documents must be filed in the parish from where the dispensation was requested.
  - c. After the marriage ceremony, the priest/deacon must send notices to:
    - i. The Chancery that granted the dispensation from Canonical Form.
    - ii. The Chancery that granted the permission for the "mixed" marriage (if this is another Chancery).
    - iii. The parish of baptism of the Roman Catholic party.

**ROMAN CATHOLIC DIOCESE OF CHARLOTTE  
INTERVIEW OF THE PARTIES**

Each party must be interviewed alone. The priest/deacon/pastoral minister shall propose the questions and write the given answers.

Do you swear/affirm to tell the truth in answering these questions? \_\_\_\_\_

1. Your Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ How long have you lived there? \_\_\_\_\_

2. What is your religion? \_\_\_\_\_

To what parish or church you belong? \_\_\_\_\_

3. Date and place of your birth: \_\_\_\_\_

Father's full name: \_\_\_\_\_ His religion: \_\_\_\_\_

Mother's full name (maiden): \_\_\_\_\_ Her religion: \_\_\_\_\_

4. Were you ever baptized? \_\_\_\_\_ What denomination? \_\_\_\_\_

Date: \_\_\_\_\_ Name of Church: \_\_\_\_\_

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

5. Was anyone among your parents or grandparents a member of, or baptized in, an Eastern Catholic Church? \_\_\_\_\_

**Questions 6-8 are to be asked of Catholics, Orthodox Christians, members of the Polish National Church, and members of the Old Catholic Church only:**

6. First Holy Communion? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Confirmation? Yes \_\_\_\_\_ No \_\_\_\_\_

8. How do you practice your faith?

Attend church Regularly \_\_\_\_\_ Seldom \_\_\_\_\_ Never \_\_\_\_\_

9. Have your parents any objections to this marriage? \_\_\_\_\_

If so, what are they? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Have your intended spouse's parent's raised any objections to this marriage? \_\_\_\_\_

If so, what are they? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Have you been previously married or attempted marriage, even a civil or common law marriage? \_\_\_\_\_ (If yes, complete the last page of this questionnaire).

12. Has your intended spouse ever been married or attempted marriage, even a civil or common law marriage? \_\_\_\_\_ (If yes, complete the last page of this questionnaire).
13. How long have you known your intended spouse? \_\_\_\_\_  
How long have you been engaged? \_\_\_\_\_
14. Are you related to your intended spouse by blood (kinship) or by a legal relationship (in-laws) or by adoption? \_\_\_\_\_ (If yes, consult the Tribunal)
15. Have you ever been treated by a doctor or professional for serious mental or nervous illness? \_\_\_\_\_ If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. Have you or your intended spouse any physical, psychological or addictive problems that may seriously affect your marriage? \_\_\_\_\_ Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. Is any person or circumstance forcing you to enter this marriage against your own will? \_\_\_\_\_  
Is any person or circumstance forcing your intended spouse to marry against his/her own will? \_\_\_\_\_. (If yes, consult the Tribunal).
18. Are you attaching any conditions, restrictions, or reservations of any kind to your consent to this marriage? \_\_\_\_\_ (If yes, consult the Tribunal)
19. In this marriage do you intend:
- a. To enter a life-long covenant which is dissolved only by death? \_\_\_\_\_
  - b. To be faithful to your spouse for life? \_\_\_\_\_
  - c. To give each other the normal marital rights necessary to have children? \_\_\_\_\_
20. Is there any major fact about you, in regard to either the present or the past, which you have not made known to your intended spouse? \_\_\_\_\_ Please specify. (If yes, consult the Tribunal)  
\_\_\_\_\_  
\_\_\_\_\_
21. Who will be the best man? \_\_\_\_\_  
Who will be the maid/matron of honor? \_\_\_\_\_

Today's Date: \_\_\_\_\_ Signature of the Party: \_\_\_\_\_

Parish: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_

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

(SEAL)

**PREVIOUS MARRIAGE:**

Decree of Ecclesiastical Nullity or Death Certificate for this marriage  
must be included with the Pre-Nuptial Form

Name of Prospective spouse previously married: \_\_\_\_\_

1. To whom: \_\_\_\_\_

Religion: \_\_\_\_\_

2. Date of marriage: \_\_\_\_\_ Place: \_\_\_\_\_

3. Officiant: \_\_\_\_\_

Title: \_\_\_\_\_

3. If former spouse is deceased:

Date of death: \_\_\_\_\_ Place: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

4. If a former marriage was dissolved or declared null by the Church, give:

Diocese and protocol number: \_\_\_\_\_

Date of decree: \_\_\_\_\_

Any restrictions: \_\_\_\_\_

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\_\_\_\_\_