

For Parish Use	For Diocesan Use
Bapt. Cert. <input type="checkbox"/>	Nihil Obstat <input type="checkbox"/>
Date confirmed <input type="checkbox"/>	Visum Est <input type="checkbox"/>
Celebrant assigned:	Delegation given <input type="checkbox"/>

DIOCESE OF VENICE
PRE-NUPTIAL QUESTIONNAIRE

Instructions: The parties ought to be questioned separately with the priest/deacon proposing the question and recording the answer. In investigating the freedom to marry by the attached questions, the priest/deacon ought to take the opportunity to once again help the couple understand the essential properties of Marriage according to Catholic Doctrine.

GROOM	Date of Birth:	Age:
Your Full Name	Primary Email	
Address	City/State/Zip	
Occupation	Primary Phone	
Your Religion	Practicing Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/>	
Parish/Church		
Father's Name	Religion	
Mother's Maiden Name	Religion	
Are you Baptized Yes <input type="checkbox"/> No <input type="checkbox"/>	Church Baptized into	
Convert to Catholicism Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Received Church	
Church of Reception	City	
If Catholic were you confirmed?	Date	
Church of Confirmation	City	
How long have you and your fiancée dated, been engaged?		
Have you ever been married before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Civilly <input type="checkbox"/> Religiously <input type="checkbox"/> or by common law? <input type="checkbox"/>	
If married before how many times	See box on next page for all prior Marriages	
Has your Fiancée be married before? Yes <input type="checkbox"/> No <input type="checkbox"/>	How many times	
For Catholics: Have you been ordained or taken public vows as a religious?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were you dispensed by the Holy See? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so include certificate of dispensation	
Are you and your fiancée related by blood, marriage or adoption?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, who is your common ancestor/relative?		
Is there any physical defect preventing sexual consummation of the Marriage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you giving consent to Marriage freely?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any conditions attached to your consent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you being forced or pressured into Marriage by anyone or by circumstances?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you understand that Marriage is a partnership of the whole of life?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you understand that Marriage is for your lifetime?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you understand your spouse will have the right to conjugal life and to children?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you understand that Marriage entails exclusive fidelity to your spouse	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you or your fiancée been treated for psychiatric problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do your parents know about and approve of the Marriage? (Required If under 19)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If any of the answers above indicate pastoral concerns explain in the comments section</i>		
Date and time of proposed ceremony?		
Best man/Maid of Honor?	1.	2.
Will Banns be published?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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BRIDE	Date of Birth:	Age:
Full Name	Primary Email:	
Address	City/State/Zip	
Occupation	Primary Phone	
Religion	Practicing Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/>	
Parish/Church		
Father's Name	Religion	
Mother's Maiden Name	Religion	
Are you Baptized	Yes <input type="checkbox"/> No <input type="checkbox"/>	Church Baptized into
Convert to Catholicism	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Received Church
Church of Reception	City	
If Catholic were you confirmed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Church of Confirmation	City	
How long have you and your fiancé dated, been engaged?		
Have you ever been married before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Civilly <input type="checkbox"/> Religiously <input type="checkbox"/> or by common law? <input type="checkbox"/>
If married before how many times	See box on next page for all prior Marriages	
Has your Fiancé be married before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If So, How many times?
For Catholics: Have you taken public vows as a religious?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you dispensed by the Holy See?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so include certificate of dispensation
Are you and your fiancé related by blood, marriage or adoption?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, who is your common ancestor/relative?		
Is there any physical defect preventing sexual consummation of the Marriage?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you giving consent to Marriage freely?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any conditions attached to your consent?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you being forced or pressured into Marriage by anyone or by circumstances?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you understand that Marriage is a partnership of the whole of life?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you understand that Marriage is for your lifetime?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you understand your spouse will have the right to conjugal life and to children?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you understand that Marriage entails exclusive fidelity to your spouse		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or your fiancé been treated for psychiatric problems?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do your parents know about and approve of the Marriage? (Required if under 19)		Yes <input type="checkbox"/> No <input type="checkbox"/>
If any of the answers above indicate impediments explain in the comments section		
Date and time of proposed ceremony?		
Name of Best man/ Maid of Honor	1.	2.
Will Banns be published?		Yes <input type="checkbox"/> No <input type="checkbox"/>

