

PRENUPTIAL INQUIRY
DIOCESE OF GREAT FALLS - BILLINGS

_____/_____
Last names of the parties

Date of Marriage _____

Church _____

Priest _____

City & State _____

*Each of the parties should be interviewed alone and under oath.
The interviewer should propose the questions and **print** or **type** the answers.*

GROOM

1. Name _____
(First) (Middle) (Last)
2. Address _____
(Street) (City) (State) (Zip+4)
3. Phone _____ e-mail _____
4. Date of Birth _____
5. Place of Birth _____
(City) (State) (Zip+4)
6. Are you baptized? _____ If so, in what religion? _____
7. Date of Baptism _____
8. Church of Baptism _____
(Church) (City) (State) (Zip+4)
9. (If applicable) Date of Profession of Faith _____

(Church) (City) (State) (Zip+4)
10. Have you been confirmed? Yes No Date _____
11. Church of Confirmation _____
(Church) (City) (State) (Zip+4)
12. What is your present Religion? _____ Present Parish? _____
13. (For Catholics) How would you describe your participation in the Sacraments (attendance at Mass, reception of the sacraments of Penance and Eucharist) _____

14. What is your occupation _____
15. Name of Father _____ His Religion: _____
16. Maiden Name of Mother _____ Her Religion: _____
17. Witness of Marriage (Best man) _____

18. Have you ever been married with someone other than your intended spouse (either in a church, civil ceremony, or by common law)? Yes No

(a) If yes, how many times? _____

(b) Name of former spouse: _____

(If more than one marriage, use Form 5)

(c) How did the prior marriage end?

By the death of the spouse/date of death: _____ Death certificate #: _____

By civil divorce and Church annulment

Date of decree: _____ Diocese and Protocol Number: _____

(d) Are you bound by civil or natural obligations to a former spouse or children? Yes No

(e) Does your intended spouse know of these obligations to them? Yes No

19. Were you ever bound by sacred orders? *(If so, give details of dispensation)* Yes No

20. Have you or your intended spouse experienced or been treated for any mental, alcoholic, emotional, drug-related problems or any form of addiction? *(If "yes," a recent statement from the doctor or therapist should be presented concerning the condition of the affected party with a view toward entering marriage.)* Yes No

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

22. Are you marrying freely, without conditions or reservations? Yes No

23. Do you understand the nature and obligations of marriage and do you agree, without any condition or reservation:

(a) to enter a marriage that is for life, Yes No

(b) to give your spouse the right to have children, and Yes No

(c) to accept the obligation of being exclusively faithful to your spouse? Yes No

24. To the best of your knowledge and belief is this the intention of your intended spouse? Yes No

25. *(For persons under 21 years of age)* Have you secured the consent of your parents for this marriage? Yes No

26. *(To be asked at the discretion of the interviewer)* Is there a pregnancy involved? Yes No

27. Will you now sign this document as evidence of the truth of the answers you have given? Yes No

Date _____

Signature of Groom

I, the undersigned interviewer, declare that the person whose signature is affixed above appeared before me personally and on the date given above; that I proposed to him all of the above questions under oath and personally recorded the answers given; that each party was interviewed by me separately; that no one else was present during the questioning; that I am satisfied as to the identity of the parties; that I have on file all necessary documents; and that the parties have been instructed in accord with the law of the Church; and that I have urged the Catholic party(ies) to receive the Sacraments of Penance and Holy Eucharist.

Date _____

Parish _____

Seal

Signature of Interviewer