Diocese of Kildare & Leighlin

PRELIMINARY BOOKING FORM FOR CHURCH WEDDING

Church _____

Proposed Date _____ Time _____

Bride _____

Address _____

Tel _____ Email _____

Groom _____

Address _____

Tel _____ Email _____

DECLARATION BY COUPLE		**YES**	**NO**
1.	Are you both over 18 years of age?	☐	☐
2.	Have either of you been married in any religious ceremony (Catholic or other)?	☐	☐
	If yes, has a Church annulment been obtained?	☐	☐
	If yes, were there any conditions?	☐	☐
3.	Have either of you ever been married in any civil ceremony (in Ireland or elsewhere)?	☐	☐
4.	Are you related to each other by marriage or adoption?	☐	☐
5.	Are you both Catholic?	☐	☐
	If not, please specify _____		
6.	Are you willing to assume your responsibilities for the civil notification and registration of your marriage?	☐	☐
7.	Name of the priest who has agreed to officiate? _____		

Signed: _____ _____

BRIDE GROOM

Date: _____

The parish accepts this notification of marriage subject to accuracy of information supplied and subsequent completion of Pre-Nuptial Inquiry Form