

THE CATHOLIC ARCHDIOCESE OF EDMONTON

	GROOM	BRIDE
<b>1. NAME</b> Family Name _____ Given Names _____	_____ _____	_____ _____
<b>2. ADDRESS</b> _____ _____ Email: _____	_____ _____ Email: _____	_____ _____ Email: _____
<b>3. PHONE NUMBERS</b> (Home) _____ (Cell) _____ (Business) _____	(Home) _____ (Cell) _____ (Business) _____	(Home) _____ (Cell) _____ (Business) _____
<b>4. OCCUPATION PLACE OF WORK</b> _____ _____	_____ _____	_____ _____
<b>5. MARITAL STATUS</b> Have you been married before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete Form 1C, Section I	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete Form 1C, Section I	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete Form 1C, Section I
<b>6. BIRTHDATE</b> _____ (d/m/y) _____ Age _____	_____ (d/m/y) _____ Age _____	_____ (d/m/y) _____ Age _____
<b>7. BIRTH PLACE</b> _____	_____	_____
<b>8. RELIGION &amp; RITE</b> _____ Baptism Date (d/m/y) _____ Parish of Baptism _____ Confirmation Date _____ Parish of Confirmation _____	_____ Baptism Date (d/m/y) _____ Parish of Baptism _____ Confirmation Date _____ Parish of Confirmation _____	_____ Baptism Date (d/m/y) _____ Parish of Baptism _____ Confirmation Date _____ Parish of Confirmation _____
<b>9. FATHER'S NAME BIRTH PLACE RELIGION &amp; RITE</b> _____ _____ _____	_____ _____ _____	_____ _____ _____
<b>10. MOTHER'S MAIDEN NAME BIRTH PLACE RELIGION &amp; RITE</b> _____ _____ _____	_____ _____ _____	_____ _____ _____
<b>11. Impediments &amp; Concerns*</b> a) Are you related to your fiancé(e) by blood, marriage, or adoption? b) Have you had any past experience which might affect your marriage (e.g. emotional problems, mental illness or depression, addiction to drugs, alcohol, gambling or pornography; pregnancy, sexual abuse...)? c) How have you dealt with this?	a) _____ _____ b) _____ _____ _____ c) _____ _____	a) _____ _____ b) _____ _____ _____ c) _____ _____

\*Care should be taken to determine the presence of other impediments: public propriety, crime, abduction, vows excluding marriage, etc. All cases of doubt are to be referred to the Office of Canonical Services (see Form 2).

	GROOM	BRIDE
<b>12.</b> a) How long have you known each other? b) If living together, how long? c) How long have you been engaged? d) Have you previously lived in a common-law relationship? e) Does your fiancé(e) know about this?	a) _____ b) _____ c) _____ d) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, use Form 1C, Section II e) <input type="checkbox"/> Yes <input type="checkbox"/> No	a) _____ b) _____ c) _____ d) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, use Form 1C, Section II e) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>13. SPIRITUAL LIFE</b> What role does religion play in your life?	_____ _____ _____	_____ _____ _____
Describe your religious practice at this time?	_____ _____ _____	_____ _____ _____
Why do you wish to marry in the Catholic Church?	_____ _____ _____	_____ _____ _____

***FOR PARISH USE ONLY***		
Date	Time	Place
Rehearsal _____	_____	_____
Marriage _____	_____	_____
Will there be a Mass? <input type="checkbox"/> Yes <input type="checkbox"/> No	Presiding Priest _____	_____

**Witnesses to the Marriage**

Name: _____ Address: _____ _____	Telephone: (Home) _____ (Work) _____ (Cell) _____
Name: _____ Address: _____ _____	Telephone: (Home) _____ (Work) _____ (Cell) _____

**Dispensations/Permissions required:** \_\_\_\_\_

**General Impressions:** \_\_\_\_\_

\_\_\_\_\_  
**Interviewer** (Signature)

\_\_\_\_\_  
**Given at**

\_\_\_\_\_  
**Date** (d/m/y)

**Catholic party must provide a certificate of baptism re-issued within the past six months of the interview.  
 Non-Catholic party must provide proof of baptismal status (certificate or use of Form 2, Section II).**