

Diocese of Wollongong

Parish

Number in Register _____

Pre-Nuptial Inquiry – Retroactive Validation

	Surname	Christian Names	Religion	Parish	Diocese
G R O O M					
B R I D E					

Marriage WAS celebrated

at _____
on _____

**The above marriage was retroactively validated.
The Retroactive Validation Decree is attached.**

Date of Decree of Retroactive Validation: _____

Particulars have been duly noted in the church marriage register and notification as required by law has been sent to the Parish Priest[s] of the place[s] of Baptism.

Dated: _____ Signed: _____
Celebrant

This form, together with Certificates of Baptism, Testimonies of Freedom, Retroactive Validation Decree and other documents, is to be carefully filed in the Parish where the marriage was validated.

	Bridegroom	Bride
SURNAME		
GIVEN NAMES		
Residence Street		
Suburb & Post Code		
Length of Time at This Address		
Home Phone		
Mobile Phone		
Email		
Parish of Residence		
Diocese of Residence		
Conjugal Status at the time you entered this marriage		
Religion		
Place of Birth		
Date of Birth		
Name of Church of Baptism		
Parish of Baptism		
Suburb of Parish of Baptism		
Date of Baptism		
Confirmation		
Father's Name in full		
Father's Address		
Mother's Maiden Name		
Mother's Address		
Are Parties Related?		
Number of Previous Marriages		
Name of Former Spouse		
Place of Marriage		
Date of Marriage		
Place of Death of Spouse		
Date of Death of Spouse		
Place of Civil Decree Absolute		
Date of Civil Decree Absolute		
Place of Canonical Decree		
Date of Canonical Decree		
Are you prepared to give yourself freely and without reservation to your partner in marriage?		
↵		
Are you prepared to love and honour your partner for the rest of your life?		
↵		
Are you prepared to accept children lovingly from God, and bring them up according to (God's law) / (the law of Christ and his Church)?		
↵		
I hereby declare that the above questions have been fully explained to me by the priest or deacon, and that the answers I have given are true and that I am free to marry.		
Signed:	_____	_____
	Bridegroom	Bride
_____	_____	_____
Date	Priest / Deacon	Priest / Deacon

**APPLICATION FOR
RETROACTIVE VALIDATION**

Diocese of Wollongong

Office of the Bishop
PO Box 1239
Wollongong NSW 2500

BOTH PARTIES CATHOLIC

(Details of Groom)

(Please use **BLOCK LETTERS** only)

I, _____
Christian Names Surname

born on _____ and baptised at _____ on _____

and (Details of Bride)

I, _____
Christian Names Maiden Name

born on _____ and baptised at _____ on _____

resident in the Parish of _____

request that our marital union entered into on _____

at _____

(full details)

be validated without renewal of consent.

We reaffirm our Faith in Jesus Christ, and with God's help we intend to continue living in that Faith in the Catholic Church. We promise to do all in our power to share the Faith we have received with our children by having them baptised and brought up as Catholics.

Date: _____

Signed: _____

Signed: _____

TO BE COMPLETED BY THE PARISH PRIEST OR HIS DELEGATE

1. Have you attached a COPY of the FULL civil marriage certificate to this Application Form? _____
2. Are you satisfied that the matrimonial consent of the parties continues? _____
3. Was the marriage invalid because of defect of form only? _____
4. Was a diriment impediment also present? (Indicate the impediment, e.g. Disparity of Worship) _____

N.B. The Diocesan Bishop cannot grant a retroactive validation in cases where a marriage was invalid because of the existence of a previous valid marriage, or because of an impediment mentioned in Canon 1078 §2. The granting of the validation in these instances is reserved to the Apostolic See (Canon 1165).

As one of the parties holds that he/she is already married or is unwilling to renew consent according to the Canonical Form, I recommend the granting of this Validation.

Date: _____ Signed: _____
Priest or Deacon

Parish: _____

FOR OFFICE USE ONLY: Granted at the Office of the Bishop, Wollongong by _____

On _____ Reference No. _____ Recorded: _____

**APPLICATION FOR
RETROACTIVE VALIDATION**

Diocese of Wollongong

Office of the Bishop
PO Box 1239
Wollongong NSW 2500

ONE PARTY CATHOLIC

To be completed by the **Catholic Party**

(Please use **BLOCK LETTERS** only)

I, _____
Christian Names Surname (also Maiden name if applicable)

born on _____ and baptised at _____ on _____

resident in the Parish of _____

request that my marital union entered into at _____ Church or Registry Office

on _____ place _____

with _____
Christian Names Surname (also Maiden name if applicable)

who was born on _____ and (a) baptised a member of the _____ Church
(b) whose baptism is doubtful
(c) who was never baptised

Delete lines
not applicable

be validated without renewal of consent.

I reaffirm my Faith in Jesus Christ, and with God's help I intend to continue living in that Faith in the Catholic Church. I promise to do all in my power to share the Faith I have received with our children by having them baptised and brought up as Catholics.

Date: _____

Signed: _____

TO BE COMPLETED BY THE PARISH PRIEST OR HIS DELEGATE

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Priest or Deacon

Parish: _____

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