

# Diocese of Wollongong

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## 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.

	<b>Bridegroom</b>	<b>Bride</b>
<b>SURNAME</b>		
<b>GIVEN NAMES</b>		
Residence Street		
Suburb & Post Code		
Length of Time at This Address		
Home Phone		
Mobile Phone		
Email		
Parish of Residence		
Diocese of Residence		
<b>Conjugal Status at the time you entered this marriage</b>		
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.		
<b>Signed:</b>	_____	_____
	Bridegroom	Bride
_____	_____	_____
<b>Date</b>	Priest / Deacon	Priest / Deacon

**APPLICATION FOR  
RETROACTIVE VALIDATION**

**Diocese of Wollongong**

Office of the Bishop  
PO Box 1239, Wollongong NSW 2500  
4222 2468 [chancery@dow.org.au](mailto:chancery@dow.org.au)

**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**

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**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**

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: \_\_\_\_\_