



DIOCESE OF PORTLAND  
Pre-Marital Investigation Form

Form Revision Date: October 1, 2010

Party's full name: \_\_\_\_\_ Email: \_\_\_\_\_

Present address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of birth\*: \_\_\_\_\_ Place of birth: \_\_\_\_\_

*\*If party is under 18 years old, determine if parents are opposed and submit a written opinion to the Bishop regarding whether or not the marriage should be postponed.*

Father's name: \_\_\_\_\_ Father's religion: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_ Mother's religion: \_\_\_\_\_

Party's religion: \_\_\_\_\_ Baptismal status\*: \_\_\_\_\_

*\*If baptized, obtain annotated baptismal certificate or other proof of baptism.*

Baptism	Date: _____	Place: _____
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Confirmation	Date: _____	Place: _____
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1. Have you ever been married before? (Circle one)  
Yes\* No\*

*\* If 'no', and a recently annotated baptismal certificate is not available, obtain affidavits from two persons able to attest to party's freedom to marry. If 'yes', complete reverse side.*

2. Is any person or circumstance forcing or pressuring you to enter this marriage against your will? Yes No

3. (For Catholic Party) Have you ever willfully rejected the Catholic Faith? Yes\* No

*\*If 'yes' consult Dept. of Canonical Services after completing this form.*

4. Have you ever been ordained (priest/deacon) in the Catholic Church or taken vows in a religious institute? Yes\* No

*\*If 'yes', consult Dept. of Canonical Services after completing this form.*

5. Do you intend to freely give yourself in marriage without conditions? Yes No

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

*\*If 'yes', consult Dept. of Canonical Services after completing this form.*

7. Are you aware of any physical or mental disorder preventing you from having sexual relations? Yes\* No

*\*If 'yes', obtain medical diagnosis and prognosis and consult Dept. of Canonical Services after completing this form.*

8. Have you ever suffered from and/or been treated for a psychological or emotional illness? Yes\* No

*\*If 'yes', obtain medical diagnosis and prognosis and consult Dept. of Canonical Services after completing this form.*

9. Do you understand the obligations of marriage and therefore intend:

a. to enter into a lifelong covenant, which is dissolved by death but not by divorce? Yes No

b. to be faithful to your spouse unconditionally, that is, under any and all circumstances? Yes No

c. to grant your spouse the right to sexual intercourse with an openness to the possibility of conception? Yes No

d. to establish a partnership whereby you direct your whole life to the good of one another? Yes No

I, the undersigned prospective spouse, affirm that the answers I have given are true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I, the undersigned minister of marriage preparation, declare that the party, whose signature is affixed above, appeared before me, and, in the presence of no one but myself, answered each of the applicable questions listed on either side of this form.

Signature \_\_\_\_\_ Parish \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**For Previously Married Persons:**

**First Marriage:**

a. Name of former spouse:

b. Wedding date:

c. Place of Wedding:

d. Do you have any remaining moral or legal obligations to your former spouse and/or children? Yes\* No

*\*If 'yes', obtain more information and consult Dept. of Canonical Services.*

e. Is your former spouse still living? Yes\* No\*

*\*If 'no', obtain death certificate and complete the remaining questions on the front of the form; if 'yes' obtain divorce certificate and ask the following :*

f. Has an annulment or ecclesiastical permission to remarry been obtained? Yes\* No\*

*\*If 'yes', obtain the decree and complete the remaining questions on the front of the form ; if 'no', submit a General Preliminary Questionnaire or Lack of Form application to the Tribunal.*

**Second Marriage (if applicable):**

a. Name of former spouse:

b. Wedding date:

c. Place of Wedding:

d. Do you have any remaining moral or legal obligations to your former spouse and/or children? Yes\* No

*\*If 'yes', obtain more information and consult Dept. of Canonical Services.*

e. Is your former spouse still living? Yes\* No\*

*\*If 'no', obtain death certificate and complete the remaining questions on the front of the form; if 'yes' obtain divorce certificate and ask the following :*

f. Has an annulment or ecclesiastical permission to remarry been obtained? Yes\* No\*

*\*If 'yes', obtain the decree and complete the remaining questions on the front of the form ; if 'no', submit a General Preliminary Questionnaire or Lack of Form application to the Tribunal.*

**Third Marriage (if applicable):**

a. Name of former spouse:

b. Wedding date:

c. Place of Wedding:

d. Do you have any remaining moral or legal obligations to your former spouse and/or children? Yes\* No

*\*If 'yes', obtain more information and consult Dept. of Canonical Services.*

e. Is your former spouse still living? Yes\* No\*

*\*If 'no', obtain death certificate and complete the remaining questions on the front of the form; if 'yes' obtain divorce certificate and ask the following :*

f. Has an annulment or ecclesiastical permission to remarry been obtained? Yes\* No\*

*\*If 'yes', obtain the decree and complete the remaining questions on the front of the form ; if 'no', submit a General Preliminary Questionnaire or Lack of Form application to the Tribunal.*