

PRELIMINARY BOOKING FORM FOR CHURCH WEDDINGS

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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have either of you been married in any religious ceremony
(Catholic or other)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, has a Church annulment been obtained? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, were there any conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have either of you every been married in a civil ceremony
(in Ireland or elsewhere)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you related to each other by marriage or adoption? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you both Catholic? | <input type="checkbox"/> | <input type="checkbox"/> |
| If not, please specify _____ | | |
| 6. Are you willing to assume your responsibilities for the civil
notification and registration of your marriage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Name of the priest who has agreed to officiate _____ | | |

Signed: _____

Bride

Groom

Date: _____