

TO BE COMPLETED BY THE COUPLE WISHING TO MARRY IN CHURCH IN THE PARISH OF INISTIUGE

NAME OF BRIDE: _____

Address: _____

Tel. No.: _____ **Email:** _____

NAME OF GROOM: _____

Address: _____

Tel. No.: _____ **Email:** _____

Name of Church: _____

Proposed Date: _____ **Time:** _____

DECLARATION BY THE COUPLE

	YES	NO
1. Are you both over the age of 18 years?	<input type="checkbox"/>	<input type="checkbox"/>
Have either of you been married in any religious ceremony. (Catholic or non- Catholic)?	<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"/>
2. Have you ever been married in any civil ceremony. (in Ireland or elsewhere)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you related to each other by blood, marriage, or adoption?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you both Catholic?	<input type="checkbox"/>	<input type="checkbox"/>
If not, please clarify? _____		
5. Are you willing to assume your responsibilities for the civil notification and registration of your marriage?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you willing to attend a pre-marriage course?	<input type="checkbox"/>	<input type="checkbox"/>
7. Name of the priest who has formally agreed to officiate at the marriage ceremony	_____	

Signed: _____
Bride

Date

Groom

Date

**THE PARISH ACCEPTS THIS NOTIFICATION OF MARRIAGE, SUBJECT TO THE ACCURACY OF THE ABOVE INFORMATION,
AND THE SUBSEQUENT COMPLETION OF THE PRE-NUPTIAL INQUIRY FORM.**

Please return completed form to: The Parish Office, Kilcross, Inistioge, Co. Kilkenny R95 P5P0