



Pre-Nuptial Investigation & Application for the Blessing of Marriage

(Note that this application must be submitted to your Parish Priest at least 6 months prior to the Proposed Date of Marriage)

Parish of Marriage:		Date of Investigation:	
Proposed Date of Marriage:		Time of Marriage:	
Dates of Counseling Sessions:	1.	2.	3.

I. Groom

Name:		
Address:		
(Street)	(City/ State)	(Zip Code)
Home Phone ()	-	Work Phone () -
Present Parish:		
Place & Date of Birth:		
Place & Date of Baptism:		
Father's Name:		
Mother's Maiden Name:		
Were you baptized in the Assyrian Church of the East?		
If not, what Church were you baptized in? <i>Please attach a valid copy of your baptismal certificate.</i>		

II. Bride

Name:		
Address:		
(Street)	(City/ State)	(Zip Code)
Home Phone ()	-	Work Phone () -
Present Parish:		
Place & Date of Birth:		
Place & Date of Baptism:		
Father's Name:		
Mother's Maiden Name:		
Were you baptized in the Assyrian Church of the East?		
If not, what Church were you baptized in? <i>Please attach a valid copy of your baptismal certificate.</i>		

I. Groom

Are you now married, or have you ever been married before, either in the Church or in civil court? Yes No

If yes, please fill out the following section.

How many distinct ceremonies?

Was the marriage dissolved? Yes No

How? Death? Decree of Annulment? Civil Divorce?

Date? _____, _____ 20____ (Please attach all authentic and necessary documents)

Are there any children? Yes No

If you are not a member of the Assyrian Church of the East, please attach the original 'Certificate of Eligibility to Contract Marriage' from your Church/Priest.

II. Bride

Are you now married, or have you ever been married before, either in the Church or in civil court? Yes No

If yes, please fill out the following section.

How many distinct ceremonies?

Was the marriage dissolved? Yes No

How? Death? Decree of Annulment? Civil Divorce?

Date? _____, _____ 20____ (Please attach all authentic and necessary documents)

Are there any children? Yes No

If you are not a member of the Assyrian Church of the East, please attach the original 'Certificate of Eligibility to Contract Marriage' from your Church/Priest.

The interviewing Priest should explain the several impediments to marriage:	Groom		Bride	
	Yes	No	Yes	No
A. Relationship				
1. Are you related by blood to your intended spouse? (If so, please submit a diagram of the relationship.)				
2. Are you marrying an in-law? (If so, please submit a diagram of the relationship.)				
3. To the best of your knowledge, are you and your intended spouse free of these relationships?				
B. Impediments:	Yes	No	Yes	No
1. To the best of your knowledge, are you free of physical impotency?				
2. To the best of your knowledge, are you free of genetically carried diseases?				
C. Psychological:	Yes	No	Yes	No
1. Have you or your intended spouse suffered from any mental or emotional disturbance?				
D. Are you and your intended spouse giving consent to this marriage voluntarily and without force of any kind, and without conditions?				
E. In entering this marriage, do you intend:	Yes	No	Yes	No
1. To enter a marriage that is for life?				
2. To be faithful to your spouse for life?				
F. To the best of your knowledge and belief, is this the intention of your intended spouse?				
G. Do your parents approve of this marriage?				
H. Do you now sign the document as evidence of the truth of your answer?				

Statement of Truth

(Signed by both the Groom and Bride)

I swear and affirm before Christ and His Holy Church that the answers I have given above are true, accurate and complete to the best of my knowledge and ability. I understand that any false or misleading answer may be reason for termination of this procedure at the discretion of the Bishop or the Priest.

SIGNATURE OF GROOM: _____ Date: _____

SIGNATURE OF BRIDE: _____ Date: _____

Application for the Blessing of Marriage

(Signed by both the Groom and Bride)

We, the GROOM and BRIDE to-be, do hereby apply to the Church to bless and witness our marriage. We do thereby solemnly swear that: we will love each other just as Christ loved the Church and gave Himself for it; we will comfort and care for each other; we will honor each other; we will keep each other whether in sickness or in health; we will remain faithful to each other; we will provide for each other; we will support each other in Church attendance; we will help fulfill each other's spiritual needs; we will bear and raise children as blessings from God; we will baptize and instruct them in the faith of the Holy Apostolic Catholic Assyrian Church of the East; we will help meet the needs of the elderly family members; we will turn first to the Church in times of need. We will uphold all other obligations the Church requires of us to fulfill, individually and to each other. We do therefore humbly as the Church to approve our request, bless our marriage and witness the exchange of our vows and commitments to each other.

SIGNATURE OF GROOM: _____ Date: _____

SIGNATURE OF BRIDE: _____ Date: _____

Certification of the Interviewing Priest

(Signed by the Priest)

I, the undersigned Priest, declare that the persons whose signatures are affixed above appeared before me personally on the date above given; that I proposed to each one separately and individually all the above questions under oath and personally recorded the answers given; that I am satisfied as to the identity of the parties; that I have on file all the necessary documents; and that the parties have been, or will be, pastorally prepared for the reception of the blessing of their marriage.

SIGNATURE OF PRIEST: _____

Date: _____

Seal of the Parish Priest

For Officiating Priest

List all documents mailed with this investigation:

<input type="checkbox"/> Groom's petition	<input type="checkbox"/> Bride's petition
<input type="checkbox"/> Groom's Marriage Annulment	<input type="checkbox"/> Bride's Marriage Annulment
<input type="checkbox"/> Groom's Civil Divorce Decree	<input type="checkbox"/> Bride's Civil Divorce Decree
<input type="checkbox"/> Groom's Medical Records	<input type="checkbox"/> Bride's Medical Records
<input type="checkbox"/> Other Document:	
<input type="checkbox"/> Other Document:	
<input type="checkbox"/> Other Document:	

Date this investigation (with all needed documents) is mailed to the diocesan office: _____, _____ 20__

For Diocese Use Only

Date this investigation is received by the diocesan office: _____, _____ 20__

Date Annulment is issued by the Bishop (if applicable) : _____, _____ 20__

	Approved	Disapproved
Application	<input type="checkbox"/>	<input type="checkbox"/>
Comments, if any:		

_____ Signature of Diocesan Bishop	Seal of the Diocesan Bishop
_____ Date	
_____ Signature (for the Diocesan Bishop)	
_____ Date	

Date of mailing a copy of this investigation back to the parish: _____, _____ 20__

For Officiating Priest

(This part must be filled by the officiating Priest after he has received the diocesan approval of this application; please keep in parish records)

Name of Witness:	
Name of Witness:	
Name of Counseling Priest:	
Name of Officiating Priest:	
Name of Assisting Priest (If applicable):	
Church Marriage Certificate No.:	Date:
Civil Marriage License No.:	Date:

