

Groom

Bride

_____ Full Name _____

_____ Address City/St/Z _____

_____ Phone _____

_____ E-mail _____

_____ Father's Name _____

_____ Mother's Name _____

_____ Date of Birth _____

_____ Date / Baptism _____

_____ Church / Baptism _____

_____ Address _____

_____ City/St/Z _____

A. Date/Place of Marriage _____

Officiant Name/Capacity _____

B. Why is the marriage invalid? _____

C. Are both parties ignorant of the invalidity? _____

D. Does the **consent** of both parties still perdure? _____

E. Any prior marriages or other impediments preventing this con-validation? _____

F. What are the pastoral reasons for this Sanation? _____

Priest / Deacon Signature

Date

*If sent electronically, please scan your signature;
otherwise, sign and send it by regular mail.*

September 2018