

Parish Name: \_\_\_\_\_ Prot. No. \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box City/State/Zip

### Diocese of Little Rock – Status of Documents

**Groom**

**Bride**

Names of Parties:	_____	_____
	<small>(First, Middle &amp; Last Name)</small>	<small>(First, Middle &amp; <b>Maiden Name</b>)</small>
Son/Daughter of:	_____	_____
	<small>(Father – First, Middle &amp; Last Name)</small>	<small>(Father – First, Middle &amp; Last Name)</small>
	_____	_____
	<small>(Mother – First, Middle &amp; <b>Maiden Name</b>)</small>	<small>(Mother – First, Middle &amp; <b>Maiden Name</b>)</small>
Date of Birth:	_____	_____
Domicile:	_____	_____
	<small>City and State</small>	<small>City and State</small>

Date of Wedding: _____	Officiant at Wedding: _____
Place of Wedding: _____	
<small>Name and Address of Church</small>	
Convalidation:    No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, provide date of civil union: _____	

#### Baptismal/Profession of Faith (PoF) Information

Baptized:	Groom: Yes <input type="checkbox"/> _____ No <input type="checkbox"/> _____	Bride: Yes <input type="checkbox"/> _____ No <input type="checkbox"/> _____
	<small>Religion</small>	<small>Religion</small>
Date of Catholic Baptism/PoF:	_____/_____/_____ <small>month    day    year</small>	_____/_____/_____ <small>month    day    year</small>
Name of Catholic Parish:	_____	_____
Address of Catholic Parish:	_____	_____
Street/P O Box, City, State & Zip :	_____	_____

#### Proof of Intention and Freedom to Marry

(Please check appropriate response for each of the following items)	Groom			Bride		
	Yes	No		Yes	No	
Pre-Nuptial Investigation						
Catholic Baptismal Certificate/Profession of Faith <small>(issued within past 6 months) with marriage notations</small>	Yes	No	N/A	Yes	No	N/A
Freedom to Marry Form (Marriage Form 5)	Yes		N/A	Yes		N/A
Consultation with Parent –parties younger than 21 (Marriage Form 6)	Yes		N/A	Yes		N/A
Previous Nullity Declaration(s) If yes, Protocol # for each and place of issue	Yes	No		Yes	No	
Proof of Death of Former Spouse(s)	Yes		N/A	Yes		N/A
Promises of Catholic Party	Yes		N/A	Yes		N/A
NFP completed	Yes    Exempt			Yes    Exempt		
FOCCUS	Yes    Exempt			Yes    Exempt		
Instructional Program (check one)	Pre Cana	Sponsor Couple	Other	Pre Cana	Sponsor Couple	Other

## Delegation

Faculties received from DOLR Bishop.

Delegation is hereby given to the above named cleric to officiate at the marriage of this couple.

\_\_\_\_\_ Date

\_\_\_\_\_ Pastor / Assoc. Pastor / Deacon

**NOTE: Deacons of the diocese must be delegated to officiate at marriages outside their assigned parish. Delegation is not necessary for Diocesan, religious and extern priests assigned to ministry in the Diocese of Little Rock.** They possess general delegation to officiate at marriages within the diocese.

### Request for Dispensations (check all that apply):

**No Dispensation Required**

**Dispensations:**

Disparity of Cult: to marry a non-baptized person

Disparity of Cult For Caution and Permission for Mixed Religion: to marry a baptized non-Catholic Christian

Indicate reason for requesting dispensation:

Spiritual welfare of the faithful

Well-founded hope that the non-Catholic will enter full communion with the Church

Danger of attempted invalid marriage

Convalidation

Other (specify): \_\_\_\_\_

From Canonical Form – Indicate reason for requesting dispensation

To achieve family harmony or to avoid family alienation

To obtain parental agreement to the marriage

To recognize significant relationship/friendship to non-Catholic minister

To permit marriage in a church of particular importance to the non-Catholic party

Other (specify): \_\_\_\_\_

Other – Specify dispensation and reason for request: \_\_\_\_\_

### Request for Permissions (check all that apply)

**No Permission Required**

For Marriage of Mixed Religion: Mark **Request Dispensation of Disparity of Cult for Caution** above.

Marriage of a lapsed Catholic or a Catholic who has notoriously rejected the Faith

Marriage in a Church other than a Catholic Church (Catholic minister to receive vows from couple)

Marriage of couple, one or both of whom are younger than 21. (**Attach completed Marriage Forms 4 and 6**)

Other (Specify): \_\_\_\_\_

**Testimony of Pastoral Minister:**

“I verify that this couple has completed all the canonical and diocesan requirements necessary for marriage in the Diocese of Little Rock, that all the necessary forms have been completed, and that they have been filed in the Parish Archives. I further certify that all necessary permissions and dispensations required for this marriage or convalidation have been requested of the proper authorities.”

(Parish Seal)

\_\_\_\_\_ Date

\_\_\_\_\_ Priest, Deacon or Pastoral Minister

### *For Chancery use ONLY*

**Grant of Dispensation/Permission:**

**NIHIL OBSTAT:**

\_\_\_\_\_ Date

\_\_\_\_\_ Chancellor/Vice Chancellor

\_\_\_\_\_ Date

\_\_\_\_\_ Chancellor/Vice Chancellor

(Chancery Seal)