

CHANCERY
 Diocese of Rockville Centre
 Post Office Box 9023
 Rockville Centre, New York 11571-9023
 516-678-5800

MARRIAGE INFORMATION AND WORKSHEET

Case No. _____

	Groom	Bride
Name:	_____	_____
Address:	_____	_____
Telephone:	_____	_____
Date of Birth:	_____	_____
Religion:	_____	_____

Priest/Deacon: _____ Church: _____

NO DATE CAN BE SET FOR THE WEDDING UNTIL PERMISSION IS GRANTED BY THE CHANCELLOR'S OFFICE.

Previous Professional Counseling:

1. Complete Psychological Release form.
2. Submit your evaluation of the couple, including any questions or problems you have.
3. Chancellor's Office will contact counselor.

Teenager (under 19 at time of wedding):

1. Send statements of freedom to marry of couple and both sets of parents.
2. Write your evaluation of the couple, including results of your interview with them and the parents.
3. Offer your recommendation for a psychological evaluation.

Psychological Evaluation (Catholic Charities):

1. Couple and parents (if teenagers) sign Interview and Release form.
2. Submit your evaluation of the couple, including any questions or problems you have. This will be sent to the counselor and help him/her in the evaluation.
3. Catholic Charities will contact the couple directly.

Pregnancy:

1. Submit a medical statement attesting to the pregnancy.
2. Submit sworn statements on freedom to marry made by the couple and parents.
3. Offer your evaluation and recommendations (e.g., counseling, evaluation).
4. If under 19 at the time of wedding, follow steps for "Teenager."

Remarks: _____

For Chancery Use	
Send Release Forms:	_____
Contact Counselor:	_____
CC Appraisal:	_____
Approve and Thank:	_____
Delay:	_____

RELEASE OF CONFIDENTIAL INFORMATION
PROFESSIONAL COUNSELING

Case No.: P- _____

I, the undersigned, hereby authorize my counselor,

Name of Counselor

Facility

Street Address

City, State, Zip

Telephone Number

to communicate freely with Sister Maryanne Fitzgerald or Reverend John J. McCartney, from the Chancery Office of the Diocese of Rockville Centre, concerning treatment undergone by me while under his/her care.

Any information furnished will be appreciated, since I now wish to marry in the Catholic Church and there is need of this report to assist with my marriage preparation.

Signature

Priest/Deacon/Pastoral Associate

Date

-----parish seal-----