

DIOCESE OF ROCKVILLE CENTRE
 Post Office Box 9023
 Rockville Centre, New York 11571-9023

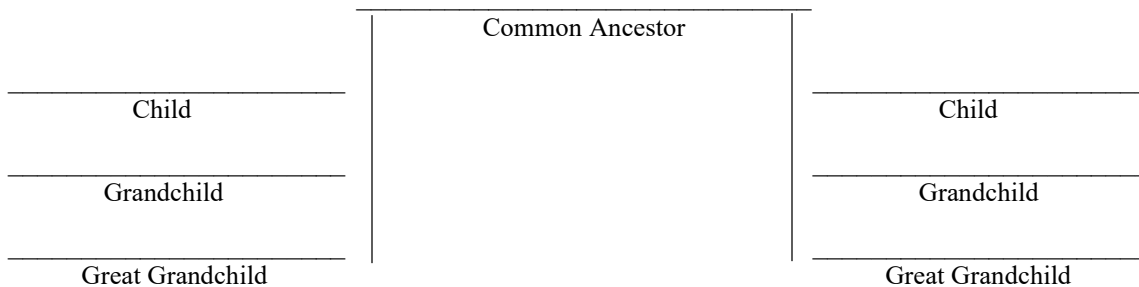
PETITION FOR CONSANGUINITY DISPENSATION (FORM E)

I, the undersigned Priest/Deacon, petition the Diocesan Bishop to grant a dispensation from the impediment of Consanguinity (c,1091) so that the couple named below may contract marriage on

_____ at _____
Date Church, City, State

	<i>Groom</i>	<i>Bride</i>
Name:	Age:	Age:
Street Address:		
City, State, Zip:		
Father:		
Mother:		

The couple is related as follows: _____



Canonical Reasons: Spiritual welfare of parties Convalidation Danger of an invalid marriage
 Other (*specify*) _____

Declaration of Priest/Deacon: I have carefully instructed the parties regarding the nature, purpose, and sacredness of marriage. I am morally certain that they are free to marry and that neither family discord nor scandal will arise.

 Name of Priest/Deacon (printed)

 Date

 Signature of Priest/Deacon

 Phone Number

Please send the rescript to me at the following address: _____

Additional Comments: _____

FOR CHANCERY USE			
<input type="checkbox"/> Third Degree	<input type="checkbox"/> Fourth Degree	Granted: _____	Date: _____
<input type="checkbox"/> Third Degree	<input type="checkbox"/> Fourth Degree	Denied: _____	Date: _____