

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

Case No. _____

SPECIAL CIRCUMSTANCE MARRIAGE (FORM F)

	<i>Groom</i>	<i>Bride</i>
Name:		
Street Address:		
City, State, Zip:		
Phone:		
Email:		
Date of Birth:		
Religion:		

Priest/Deacon: _____ Church, Town: _____

NO DATE CAN BE SET FOR THE WEDDING UNTIL PERMISSION IS GRANTED

PROFESSIONAL COUNSELING: *Please check one:*

The groom/bride was previously in counseling The groom/bride is currently in counseling

Briefly describe the nature of the counseling and indicate if there was a diagnosis:

Please have the party complete the Psychological Release Form in the event that the counselor needs to be contacted.

PREGNANCY: Submit a medical statement attesting to the pregnancy.

How far along is the pregnancy? _____ How long have you been engaged? _____

Attestation

I, _____ (*name of deacon/priest*) believe with moral certitude that this marriage is not occurring as a result of the pregnancy. Signature: _____

I, _____ (*name of bride*) affirm that this marriage is not occurring as a result of the pregnancy. Signature: _____

I, _____ (*name of groom*) affirm that this marriage is not occurring as a result of the pregnancy. Signature: _____

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**RELEASE OF CONFIDENTIAL INFORMATION
PROFESSIONAL COUNSELING**

Case Number: _____

I, _____ hereby authorize my counselor,
Print name of person receiving counseling

Name of Counselor

Facility

Street Address

City, State, Zip

Telephone Number

to communicate freely with the Chancellor's Office of the Diocese of Rockville Centre concerning treatment undergone by me while under your care.

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

Print Name

Signature

Date

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