

THE ARCHDIOCESE OF SAN FRANCISCO

METROPOLITAN TRIBUNAL
ONE PETER YORKE WAY, SAN FRANCISCO, CA 94109-6602 • (415) 614-5690 • FAX (415) 614-5696

APPLICATION FOR MATRIMONIAL DISPENSATIONS OR PERMISSIONS

BRIDE	[PLEASE PRINT OR TYPE]		GROOM
	NAN	м Е	
	ADDRESS		
	RELIG	HON	
	DATE OF I	3APTISM	
	CHURCH OF	BAPTISM	
	CITY AND STATE		
Date of Proposed Marriage:			-
Disparity of Worship (Other party never baptized) Disparity of Worship ad cautelam (Other party baptized, but not proven) Canonical Form of Marriage Consanguinity Other (Please specify):		 □ Mixed Religion (Other party is a baptized non-Catholic or a Catholic who has departed the Church by a formal act) □ The marriage cannot be celebrated according to civil law □ One or both parties is under 18 years of age □ Parties have no fixed residence (homeless) 	
Marriage between a Catholic and of the Liturgy of the Word. If circ this celebration within Mass.			
PLEASE NOTE THAT ALL IN	FORMATION REQU MUST BE CO		OTHER SIDE OF THIS FORM
The above indicated Dispensation preserved in the prenuptial file.	(s) or Permissions(s) ha	we been granted as	requested. This rescript is to be
	• •		
Into		Delegate of the A	rchhichon

DECLARATION AND PROMISE

(To be signed by the Catholic party who intends marriage with a baptized non-Catholic, an unbaptized person, or a Catholic who has left the Church by a formal act)

I reaffirm my faith in Jesus Christ and, with God's help, intend to continue living that faith in the

Catholic Church. I promise to do all in my power to share the faith with our children by having them baptized and reared as Catholics. Signature of the Catholic Party Date I hereby attest that the Catholic party to this application has explicitly made the above promise before me and that the non-Catholic party to this application has been informed of this promise and understands the obligation it imposes upon the Catholic party. Signature of Priest/Deacon/Other Date Please print name Church City, State ZIP Mailing Address TO BE COMPLETED ONLY WHEN REQUESTING A DISPENSATION FROM THE CANONICAL FORM OF MARRIAGE Place of Proposed Marriage: Title of Officiating Witness: The reason(s) for this request are: In requesting this Dispensation from Canonical Form: I will not change the place of marriage or officiating witness without first seeking permission from the 1. Tribunal. I will arrange to be informed of the celebration of this marriage and see to its being properly recorded 2. in the matrimonial register of the Catholic party. I will notify the Church of Baptism of the Catholic party. 3. Signature of Priest/Deacon/ Pastoral Minister Date The above dispensation from canonical form is granted as requested. Delegate of the Archbishop Date