CATHOLIC ARCHDIOCESE OF SYDNEY

APPLICATION FOR DECREE OF RETROACTIVE VALIDATION

GROOM	BRIDE
Surname:	Surname:
Given names:	Given names:
Address:	Address:
Date of birth:	Date of birth:
Religion (*if Catholic, also Ritual Church*):	Religion (*if Catholic, also Ritual Church*):
Parish:	Parish:
Date & place of baptism:	Date & place of baptism:
Date of invalid marriage:	Date of invalid marriage:
Place of invalid marriage:	Place of invalid marriage:
Name and Parish of Priest sending the application:	Name and Parish of Priest sending the application:

*To be completed by the priest or deacon

Q. 1. Civil status of the parties at the time of the attempted marriage.

Groom: Bride:

Q. 2. Have you sighted the FULL civil Certificate of Marriage (*please attach copy*)?

Q. 3. Do the parties' consents to the marriage still continue?

Q. 4. For what pastoral reasons do you recommend this retroactive validation?

FOR CURIAL OFFICE USE ONLY

Granted at:	By whom:
Date:	Reference: