

## 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 ( <i>if Catholic, also Ritual Church</i> ):	Religion ( <i>if Catholic, also Ritual Church</i> ):
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?

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#### FOR CURIAL OFFICE USE ONLY

Granted at:

By whom:

Date:

Reference: