

CATHOLIC ARCHDIOCESE OF SYDNEY

THE SIMPLE 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:

Proposed date of marriage:

Proposed place of marriage:

Celebrant:

Name and Parish of Priest sending the application:

*** To be completed by the priest or deacon**

Q. 1. When and where did the invalid marriage take place?

Q. 2. Civil status of the parties at the time of the attempted marriage.

Groom:

Bride:

Q. 3. Have you sighted the FULL civil Certificate of Marriage?

Q. 4. Do the parties' consents to the marriage still continue?

FOR CURIAL OFFICE USE ONLY

Granted at:

By whom:

Date: