

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: