

**DIOCESE OF ROCKVILLE CENTRE CHANCERY**  
 POST OFFICE BOX 9023  
 ROCKVILLE CENTRE, NEW YORK 11571-9023  
**PETITION FOR CONSANGUINITY DISPENSATION**  
 (Please print or type all information)

Church of \_\_\_\_\_ City \_\_\_\_\_ Date: \_\_\_\_\_

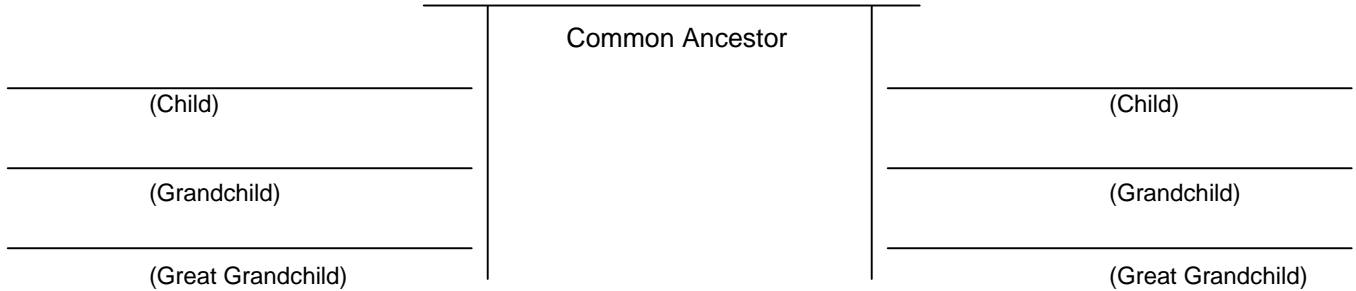
I, the undersigned priest/deacon, petition the Diocesan Bishop to grant a dispensation from the impediment of Consanguinity (c, 1091) so that the couple named below may contract marriage on

\_\_\_\_\_ at \_\_\_\_\_  
 Date Place

GROOM	BRIDE
<b>Name:</b>	<b>Name:</b>
<b>Age:</b>	<b>Age:</b>
<b>Address:</b>	<b>Address:</b>
Number and Street	Number and Street
City, State, Zip	City, State, Zip
<b>Father:</b>	<b>Father:</b>
<b>Mother:</b>	<b>Mother:</b>
Maiden Name	Maiden Name

The couple is related as follows: \_\_\_\_\_

\_\_\_\_\_



**Canonical Reasons:**    \_\_\_Spiritual welfare of parties    \_\_\_Convalidation    \_\_\_Danger of an invalid marriage  
 \_\_\_other (specify) \_\_\_\_\_

**Declaration of Priest/Deacon:**  
 I have carefully instructed the parties regarding the nature, purpose, and sacredness of marriage. I am morally certain that they are free to marry and that neither family discord nor scandal will arise.

Date: \_\_\_\_\_ Signature of Priest/Deacon: \_\_\_\_\_ Telephone number \_\_\_\_\_

Please send rescript to me at the following address: \_\_\_\_\_

Final Observations: \_\_\_\_\_

\_\_\_\_\_

FOR CHANCERY USE	
___ Third Degree	Granted _____
___ Fourth Degree	Date _____

