

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)

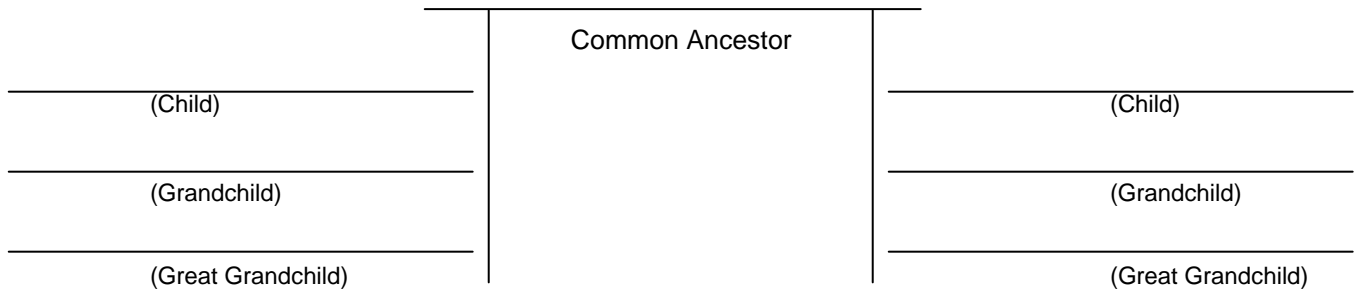
Church of _____ City: _____ Date: _____

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

<u>Groom</u>	<u>Bride</u>
Name: _____ Age: _____ Address: _____ _____ _____ City, State, Zip _____ Father: _____ Mother: _____	Name: _____ Age: _____ Address: _____ _____ _____ City, State, Zip _____ Father: _____ Mother: _____

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 _____