

**CHANCERY**  
Diocese of Rockville Centre  
Post Office Box 9023  
Rockville Centre, New York 11571-9023  
516-678-5800

**MARRIAGE INFORMATION AND WORKSHEET**

Case No. \_\_\_\_\_

	<b>Groom</b>	<b>Bride</b>
Name:	_____	_____
Address:	_____	_____
Telephone:	_____	_____
Date of Birth:	_____	_____
Religion:	_____	_____

Priest/Deacon: \_\_\_\_\_ Church: \_\_\_\_\_

**NO DATE CAN BE SET FOR THE WEDDING UNTIL PERMISSION IS GRANTED BY THE CHANCELLOR'S OFFICE.**

**Previous Professional Counseling:**

1. Complete Psychological Release form.
2. Submit your evaluation of the couple, including any questions or problems you have.
3. Chancellor's Office will contact counselor.

**Teenager (under 19 at time of wedding):**

1. Send statements of freedom to marry of couple and both sets of parents.
2. Write your evaluation of the couple, including results of your interview with them and the parents.
3. Offer your recommendation for a psychological evaluation.

**Psychological Evaluation (Catholic Charities):**

1. Couple and parents (if teenagers) sign Interview and Release form.
2. Submit your evaluation of the couple, including any questions or problems you have. This will be sent to the counselor and help him/her in the evaluation.
3. Catholic Charities will contact the couple directly.

**Pregnancy:**

1. Submit a medical statement attesting to the pregnancy.
2. Submit sworn statements on freedom to marry made by the couple and parents.
3. Offer your evaluation and recommendations (e.g., counseling, evaluation).
4. If under 19 at the time of wedding, follow steps for "Teenager."

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>For Chancery Use</b>
Send Release Forms: _____
Contact Counselor: _____
CC Appraisal: _____
Approve and Thank: _____
Delay: _____

RELEASE OF CONFIDENTIAL INFORMATION  
PROFESSIONAL COUNSELING

Case No.: P- \_\_\_\_\_

I, the undersigned, hereby authorize my counselor,

\_\_\_\_\_  
Name of Counselor

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

to communicate freely with Reverend Eric Fasano or Sister Maryanne Fitzgerald, S.C. from the Chancery Office of the Diocese of Rockville Centre, concerning treatment undergone by me while under his/her care.

Any information furnished will be appreciated, since I now wish to marry in the Catholic Church and there is need of this report to assist with my marriage preparation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Priest/Deacon/Pastoral Associate

\_\_\_\_\_  
Date

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