



# Diocese of Owensboro

## DISPENSATION/PERMISSION REQUEST

MD

MCC Number \_\_\_\_\_

This form must be returned to the McRaith Catholic Center. The type of dispensation granted, the date, and the number should be noted in the parish marriage register. If this dispensation is not used, please so indicate and return it to the McRaith Catholic Center.

\_\_\_\_\_ of \_\_\_\_\_  
Catholic Party Parish/City/State

\_\_\_\_\_ of \_\_\_\_\_  
Catholic, Baptized, Non-Baptized Parish/City/State

**MARRIAGE INFORMATION:** Date of Marriage: \_\_\_\_\_

Officiant: \_\_\_\_\_

Church/Location: \_\_\_\_\_

Witnesses: \_\_\_\_\_

### THE FOLLOWING IS REQUESTED:

- 1) \_\_\_\_\_ Dispensation from **Disparity of Worship** (Canons 1086 & 1125)
- 2) \_\_\_\_\_ **Canonical Form** (Canons 1108 & 1127, #2, 3)
- 3) \_\_\_\_\_ **Other impediment:** \_\_\_\_\_ (Canons 1083-1094)  
(Age, Impotence, Abduction, Consanguinity, Open Concubinage, Adoption)
- 4) \_\_\_\_\_ **Other Permissions:** \_\_\_\_\_

**Canonical or other reasons for this request:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

