KANTED			F	lease type or print names		
he Reverend Assistant Chancellor	Church making the request					
			Address			
artford, Connecticut 06105-3784		Date submitting the request				
ear Father:				- 11		
Groom)			(present religion)	(age)		
of (home address)			(parish)			
wishes to contract marriage on (dat	te)		with			
Bride)			(present religion)	(age)		
of (home address)			(parish)			
They hereby petition the Most Reverend A						
DISPARITY OF CULT AD CAUTELAM (non-Catholic d	•		GRADE OF CONSANGUINITY (submit a diagram of relationship			
baptized in	Church)		PERMISSION FOR PLACE (Within the (See attached letter)	Archdiocese of Hartford)		
, , , , , , , , , , , , , , , , , , , ,			PERMISSION REQUIRED BY CANON	N 1071 (See attached letter)		
GRADE OF AFFINITY IN DIRECT LINE (submit a diagram of relationship)			CANONICAL FORM (See reverse sid	e)		
□ PERMISSION FOR MIXED MARRIAGE (granted by the	Chancery if		•			
The canonical reasons are (see inside back cover)	_			•		
(If this dispensation was granted previously by phone, please give the exact date below, and by whom it was granted)		(Rev. or Deacon)				
			If different from location above, please give the name and location of the church in which this marriage will take place.			
DO NOT DETACH.	Please	fill o	ut both sides of this stub.			
ARCHDIOCESE	OF HARTF	ORD	- THE CHANCERY			
For the just and weighty reasons presented, a dispensation is he	reby granted	fron	(the impediment of)			
DISPARITY OF CULT AD CAUTELAM (non-Catholic d	•		GRADE OF CONSANGUINITY (submit a diagram of relationship			
baptized in DISPARITY OF CULT (non-Catholic party not baptized)	Church)		PERMISSION FOR PLACE (Within the (see attached letter)	Archdiocese of Hartford)		
, , , , , , , , , , , , , , , ,			PERMISSION REQUIRED BY CANON	N 1071 (see attached letter)		
GRADE OF AFFINITY IN DIRECT LINE (submit a diagram of relationship)			CANONICAL FORM (see reverse side			
☐ PERMISSION FOR MIXED MARRIAGE (granted by the	Chancery if					
	the marriag			,		
Groom)	_		ide)			
Given at Hartford on		•	V			
By delegation of the Archbishop		Ch	ancellor/Assistant Chancellor			
This dispensation rescript should be	returned to	the C	hancery if unused within six months.			

GRANTED_

WHEN REQUESTING A DISPENSATION FROM THE IMPEDIMENT OF CANONICAL FORM

Place of co	elebration:			
Date of ce	elebration:			
Officiant of	of celebration:			
Address o	f Officiant of celebration:			
Pastoral ca	auses which prompt the granting of the dispens	sation:		
	PROMISE (OF THE CATHOLIC PARTY		
l reaffirm my faith ir share the faith I have	n Jesus Christ and, with God's help, intend to ce received with our children by having them ba	continue living that faith in the Catholic Church. I promi ptized and reared as Catholics.	se to do all in my power to	
		(Signature of Catholic party)		
	CERTIFICATIO	ON OF THE PRIEST OR DEACON		
The above declaration so that it is certain the	on and promise have been made by the Catholic hat he (she) is aware of the promise and obligation	party in my presence. The non-Catholic party has been in on on the part of the Catholic.	formed of this requirement	
		(Signature of the priest or deacon)		
		Please indicate if the declaration and promise was gi	ven orally.	
(Please fill out)				
This dispensation re	escript should be sent to:			
	Reverend or Deacon			
	Church		_	
	Address			
	City/Town		_	