



ܩܘܪܕܐܢܐ ܕܩܘܪܕܐܢܐ ܕܩܘܪܕܐܢܐ ܕܩܘܪܕܐܢܐ ܕܩܘܪܕܐܢܐ

Holy Apostolic Catholic Assyrian Church of the East – Diocese of California

CERTIFICATE OF THE ELIGIBILITY OF MARRIAGE REQUEST FORM

INSTRUCTIONS: This form is to be completed and submitted to the Diocese of California by post to the following address: **DIOCESE OF CALIFORNIA, 2153 History Way, Modesto, CA 95357 (USA)**. Include a check in the amount of \$35.00 for processing, payable to: **Assyrian Church of the East**. Applications that are incomplete and/or without the proper processing fee will not be considered, and no 'Certificate of the Eligibility of Marriage' will be issued in that case.

Legal Name of Applicant: _____

Tel: () _____ E-mail: _____

Full Mailing Address: _____

Place/Date of Birth: _____

Place/Date of Baptism (*attach copy of Baptismal Certificate*): _____

Full name of both Father & Mother: _____

Your present Parish (name and city): _____

Are you a registered and paid member of this Parish? YES [] NO []

Have you ever been married in the Assyrian Church of the East before? YES [] NO []

If Yes, provide a copy of your letter of *Dissolution of Marriage* from the Church.

Have you ever been married civilly before (i.e. Justice of the Peace, etc.)? YES [] NO []

If Yes, provide a complete copy of any/all civil divorce(s) or annulment(s) from the court.

Provide TWO witnesses who know you personally and can testify to your information above:

1. Name and Address: _____

Signature and Date: _____

2. Name and Address: _____

Signature and Date: _____

DECLARATION OF THE APPLICANT

I declare that all of the information provided by me to the Assyrian Church of the East – Diocese of California is true. I have provided this information to the best of my knowledge and ability, and as such in no way intend to mislead the Church. I understand that if I knowingly or intentionally provide false information, I am subject to the canons of the holy Church and this application will be null and void.

Your Signature: _____ Today's Date: _____

CERTIFICATION OF THE PARISH PRIEST

In my capacity as the parish priest for the applicant above, I certify that I have investigated this matter and that the applicant is an official member of the Church in my parish. I further certify that the information being provided herein by the applicant to the Assyrian Church of the East, Diocese of California, is true to the best of my knowledge.

Signature of Parish Priest: _____ Today's Date: _____

***Please note that after the application, with the proper attachments and fees have been sent to the Diocese, and the necessary investigation is made, the original Certificate of the Eligibility of Marriage will be mailed to the postal address provided on this application*

*****THIS SECTION FOR DIOCESE USE ONLY*****

Received By: _____ Date: _____

Investigated By: _____ Date: _____

Certificate by: _____ Date: _____

Signature for Diocese: _____ Date: _____