

AFFIDAVIT CONCERNING THE FREEDOM TO MARRY

Please type/print:

Name of Person Wishing to Marry

1. _____
Your Full Name

Address City/State/Zip
2. Are you related in any way to the person named above? _____ If so, how? _____
3. Was this person ever baptized? _____ If so, when? _____

Church City/State/Zip
4. Has the person named above ever been married before a priest, minister, rabbi or civil official? _____
If so give details: _____

5. As far as you know, does the person named above intend to enter a permanent marriage, lasting until death? _____
6. As far as you know, do the parents approve of this marriage? _____ If not, please explain _____

7. As far as you know, is there anything regarding the person named above or his/her intended spouse which would make this marriage invalid? _____ If yes, please explain _____

8. Do you swear to the truth of your statements? _____

Date

Signature

Date

Witness

PLEASE RETURN THIS FORM TO CHURCH OF MARRIAGE PREPARATION:

Church

Street Address

City/State/Zip