DIOCESE of
FORT WAYNE - SOUTH BEND

Affidavit for Freedom to Marry

IMPORTANT: To be filled out in the presence of a Catholic Priest, Deacon, or Pastoral Associate

Affidavit concerning the status of _____

Parish of wedding _____

Name of witness _____

Address _____
City, State, Zip

1. What is your relationship to the person whose name appears above? _____

2. How long have you known this person? _____

3. Do you know this person well enough to testify regarding his/her marital status? ☐ Yes ☐ No

4. Has the above name person ever been married in a church or civil ceremony of any kind? ☐ Yes ☐ No

(a) If yes, how many times? _____

(b) If yes, with whom? _____

(c) If yes, when? _____ Where? _____

(d) Was the wedding performed with the permission of the Catholic Church? ☐ Yes ☐ No

(e) If yes, when and where was permission granted? _____

(f) Was the marriage ever validated/blessed by a priest or a deacon in the Catholic Church? ☐ Yes ☐ No

(g) If yes, when? _____ Where? _____

(h) When and how did this marriage end? _____

5. Was the above named person ever baptized? ☐ Yes ☐ No

(a) If yes, in what religion? _____

(b) When? _____ (c) Where? _____

Parish, City, State, Zip

<u>To be answered for non-Catholics only</u>

6. Did the above named person ever make a Profession of Faith in the Catholic Church? ☐ Yes ☐ No

(a) If yes, when? _____ Where? _____
City, State, Zip

I have testified truthfully.

_____ _____
Signature of witness Signature of Catholic Priest, Deacon, Pastoral Associate

_____ _____
Date Catholic Parish, City, State