WITNESS CONCERNING FREEDOM TO MARRY

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On behalf of who pl	lans to marry
Dear Witness, DO NOT FILL OUT THIS FORM . This form is to be given to a Catholic pastoral minister (e.g., priest, deacon, or other Catholic pastoral minister). This form must be completed personally by the Catholic pastoral minister in the physical presence of the witness. Both individuals must sign this form, in ink. Two (2) of these forms are required for the groom and two (2) for the bride. The witness is to be the closest familial contact. For grave reasons the witness may be another, in the order of those who have known the bride/groom the longest.	
THIS SECTION FOR CATHOLIC	C PASTORAL MINISTER USE ONLY
Do you solemnly swear to tell the truth and nothing by Witness name? Mailing address? Email address?	
Witness relationship to the groom/bride?	
If a friend, how long and how well does the witness know lead this person ever heatigad?	him/her: When and where? by common law)?
Was this person ever parried before (civilly in church or	by common law)?
With whom? 1)	2)
When? 1)	2)
Where? 1)	2)
Before whom? (J.P., minister, priest)? 1)	2)
How did the former marriage end? 1) Is this person faithful to responsibilities towards children o	2)
Is this person faithful to responsibilities towards children o	of the marriage(s)?
If a prior marriage was outside the Catholic Church, was the marriage later convalidated/regularized before a priest or	
deacon? If yes, when and where?	
MARITAL CONSENT As far as you know, does this person intend a permanent, lifelong marriage? Is any person or circumstance pressuring this person to marry? Is this person able to fulfill the responsibilities of marriage? (For minors) Do the parents approve of the marriage? Is there any reason this marriage should not take place? Are you acquainted with the other party to this marriage? Have you heard either party express any intention contrary to the nature and purpose of Christian marriage? If yes, please explain: Further remarks: WITNESS SECTION	
I, the undersigned, swear to the truth of all the statements	made ahove
1, the undersigned, swear to the truth of all the statements i	muue uuuve
Ink Signature of Witness:	Date:
CATHOLIC PASTORAL MINISTER SECTION ONLY	
Ink Signature:	Printed name:
Email address:	Date:
Name of Installation OR civilian parish:	Date: City and State:
Remarks:	