

PRE-MARRIAGE WITNESS TESTIMONY

Name of Bride: _____

Name of Groom: _____

Parish: _____ Address: _____

1. Name of witness: _____
Address: _____

2. Relationship of witness to above-named party: _____
How long has the witness known the party? _____

3. Has the person to be married ever contracted or entered a previous marriage, either by a civil or religious ceremony?
Yes _____ No _____ If yes, to whom? _____
Where _____
How was the marriage dissolved? _____

4. Is this person entering marriage free from pressure and fear? _____

5. Has this person ever expressed an intention against permanence, exclusiveness, and openness to children in marriage? _____

6. Has this person concealed anything significant from his/her intended spouse?

7. Do you know of any other reason or circumstance which would be an obstacle to the present marriage or reason why these two parties should not marry?

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

Date: _____

Signature of Witness

Signature of Priest/Deacon

~~_____~~
If the deposition is taken outside the Archdiocese of Philadelphia, it must be approved by the Chancery Office of the Diocese where the witness resides:

Visum est: _____ Diocese _____

Date: _____
(Seal of Chancery)