AFFIDAVIT CONCERNING THE FREEDOM TO MARRY



Or d i narily the two witnesses should be parents or other close relatives or friends who have known the party well since they were old enough to marry. Please type/pr/111 Name of Person Wishing to Marry Your Full Name Address - City/State/Zip Are you related in any way to the person named above? Yes $oldsymbol{D}$ D How are you related? How long have you known them? Have you had a continuous relationship with them? Yes D No D Yes DDate No Was this person ever baptized? City/State/Zip Name of Church of Baptism No D Has the person named above ever been married before a priest, minister, rabbi or civil official to another person? Yes D If so, givedetails D As far as you know, does the person named above intend to enter a permanent marriage, lasting until death? Yes D No YesD As far as you know, do the parents approve of this marriage? [f no, pl'ease explain. As far as you know, is there anything regarding the person named above or his/her intended spouse which would make this marriage invalid? (alcoholism, bipolar disorder, depression, drug addiction, schi;; ophrenia, lack of discretion of judgment, homosexual inclinations, immaturity, narcissism, obsession, paranoia, psychopathy. other addictions, etc.) Yes D If yes, please explain ___ Do you swear to the truth of your statements? ___ Signature This statement was sworn to and signed in my presence Priest/Deacon Pastoral Minister Date Place Parish Seal Please keep this form with the Prenuptial Examination Form Name of Church (place of wedding)

Address/City/State/Zip/Country

Rev. 812015