	DIOCESE OF VENICE IN FLORIDA			
	AFFIDAVIT CONCERNING THE FREEDOM TO MARRY			
	of			
1.	Your name:			
	Address:			
	Street City State/Zip			
	Religion:			
2.	How long have you known the above-mentioned person?			
	What is your relationship to this person?			
	How well are you acquainted with him/her?			
3.	Has the above-mentioned person ever attempted or entered a marriage before this day (in a church, civilly, or by common law)? (Yes or No)			
	If "yes," how many times (including an existing union which is to be validated)?			
	With whom?			
	Date of Marriage:			
	Place:			
	Before Whom?			
	Was the marriage ever witnessed in the presence of a Catholic Priest? (Yes or No)			
	How did this marriage cease to exist?			
4.	Is there any reason why the forthcoming marriage of the above-mentioned person would not be valid? (Yes or No). If "yes," please explain:			

Are there circumstance	es which might be forcing this person to enter into this marriage? (Yes	or
No). If "yes," please ex	plain:	

5.	(Ask only when the above-mention	oned person is under 19 years of age). Have the parents given
	approval of this marriage?	(Yes or No). If "no," what is the reason(s):

- 6. Are you acquainted with the other party to this marriage? _____ (Yes or No). If "yes," is the other party free to enter into this marriage? _____
- 7. Have you heard either of these persons express any condition or intention contrary to the nature and purpose of Christian marriage? _____ (Yes or No). If "yes," please explain: _____
- 8. Have you any other pertinent information concerning the forthcoming marriage?

Parish Seal	_	Signature of Person Completing Affidavi	
	_	Signature of the Prie	est
Date:	Parish:		
ectory Address			