

GROOM: _____

BRIDE: _____

DATE SET FOR MARRIAGE: _____

PRIEST PERFORMING THE MARRIAGE: _____

PARISH OF MARRIAGE: _____

CITY ST ZIP _____

CONCERNING THE FREEDOM TO MARRY OF _____

1. Do you solemnly swear to answer the following questions truthfully? _____

WITNESS

2. FULL NAME _____

Address _____

3. What is your relationship to the above party? _____

4. How long have you known the above party? _____

5. Has the above person ever been baptized? _____ If so, denomination? _____ Date: _____
Church: _____ City: _____ State: _____

6. Has the above party ever been married, either by religious or civil ceremony, including a current civil marriage, or by "common law" union? _____

IF NOT, GO ON TO QUESTION #11.

7. Person married	Date	Place	Before whom
1st _____	_____	_____	_____
2nd _____	_____	_____	_____
3rd _____	_____	_____	_____

8. Does the party have children? _____ If so, what are their ages? _____

9. Does the party have primary care of the children? _____ Does the party provide financial support? _____

10. If the children of the party are Catholic, who provides the religious care of the children? _____

11. Is any person or circumstance pressuring this party to marry against his/her will? _____ If yes, please explain in REMARKS, on reverse.

12. Has this party ever been treated for any mental or emotional difficulty or any alcohol or chemical dependency? _____ If yes, please explain in REMARKS, on reverse.

13. Do you think this party is ready to take on the serious responsibilities of marriage? _____ If no, explain in REMARKS, on reverse.

14. Do you know of any reason why the forthcoming marriage would not be lawful and valid? _____ If yes, please explain in REMARKS, on reverse.

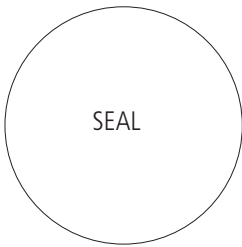
15. Do you have any reservations about the success of this proposed marriage? _____ If so, please describe _____

Signature of witness: _____

Date: _____

REMARKS (especially with reference to the knowledgeability of the witness) _____

- The witness is known to me personally.
- The witness is not known to me personally.



Signature of the interviewer: _____

Parish: _____

Mailing address: _____

City: _____ State _____ Zip _____

Date: _____

PLEASE RETURN THIS FORM TO:

Attention: _____

Parish: _____

Mailing address: _____

City: _____ State _____ Zip _____