



AFFIDAVIT REGARDING THE FREE STATUS OF BRIDE OR GROOM

CATHOLIC DIOCESE OF RICHMOND

Witness for _____ who wishes to marry _____

OATH:

1. Your full name _____
First Middle Last

2. Are you related to the above mentioned party? Yes No If yes, how are you related? _____

3. How long have you known him/her? _____

4. As far as you know or have heard, has he/she ever been married at any time in his/her life? Yes No

If so, (a) how many times? _____ (b) name of spouse? _____

(c) place of marriage? _____ (d) Approximate date? _____

(e) before whom? (priest, minister, Justice of the Peace, etc.) _____

5. As far as you know, do both parties intend to enter a permanent marriage, lasting until death? Yes No

6. As far as you know, do both the father and mother (guardian) of the party approve of this marriage? Yes No
(if not, please state their objections on the reverse side.)

7. Do you know of any reason why this couple should not get married? Yes No If so, please explain _____

Visum est: _____
Cancellarius

Signature of witnesses

Date, place: _____

(Seal of Chancery)

Signature of Priest

Date

Parish (seal)

City State Zip

Return completed from to: _____ Church: Cathedral of the Sacred Heart

Address: Cathedral of the Sacred Heart
800 S. Cathedral Place
Richmond, Virginia 23220-4764