

DIOCESE OF ORLANDO

P.O. Box 1800

Orlando, Florida 32802-1800

(Form B)

TWO WITNESSES ARE TO BE USED FOR EACH PARTY

TESTIMONY OF WITNESS TO PROVE THE FREEDOM TO MARRY OF _____
Name

Witness:	Priest or Deacon arranging for marriage:
Name _____	Reverend _____
Street Address _____	Church _____
City and State _____	City and State _____
Parish _____	Date of Marriage _____
	Place of Marriage _____

1. Are you related to the party mentioned above? _____ (a) If so, how are you related? _____
 (b) If you are not related, how long have you known him/her? _____

2. **ANSWER ALL QUESTIONS FULLY.**

Has the party named above ever gone through a marriage ceremony, even civilly? _____
How many times? _____ **With whom?** _____
Where and When? _____ **Before Whom?** _____
Have these marriages been declared null by the Church? _____
Explain _____

3. Does the party named above intend to enter a permanent marriage, lasting until death? _____

4. (If under 19) Do both the father and mother (guardian) of this person approve of this marriage? _____
If not, please state their objections on the back.

5. Is any person or circumstance forcing the groom or bride to marry against his or her will? _____
If so, explain _____

6. Has this person ever been baptized, sprinkled or christened? _____
If so, how do you know? _____
Name and address of church and approximate date _____

7. In your opinion, is there any reason why these parties should not get married? _____

SEAL: _____
(Signature of Witness)

(Signature of Priest, Parish Minister, or Notary)

(Date) (Place) (City) (State)