



Diocese of Fargo
5201 Bishops Blvd Ste. A
Fargo, ND 58104-7605

AFFIDAVIT OF MARITAL FREEDOM Form C

This form is to completed and signed in the presence of a 2nd party

Witness to be deposed _____
(must have known the person listed below for at least 1 year)

Address _____, _____, _____
City State Zip Code

AFFIDAVIT CONCERNING THE MARITAL FREEDOM OF

_____ who is to be married on _____
(Here After Referred To As "this person") Wedding Date

- Are you related to this person? _____. If **yes**, how? _____
If not, how long have you known, and how well do you know this person? _____
- Has this person ever been married before, even civilly? _____. If **yes**, please give details: *number of previous marriage(s), name of former spouse(s), date and place of previous marriage(s), etc.* _____
- Do the parents of this person approve of the forthcoming marriage? _____. If not, what is their objection? _____
- Has this person ever taken a vow as a religious sister or brother? _____. If yes, when, what group, and where? _____
- Do you know of any impediments or reasons why this person should not be married in the Catholic Church now? _____. If **yes**, why not? _____
- Do you know of anything else that should be disclosed in regard to this person's forthcoming marriage? _____
- Do you swear/affirm that the above answers are the entire truth? _____

Place _____

Signature of Witness

Date _____

Signature of 2nd party

Return To (if applicable)

Priest/Deacon	_____
Address	_____

Parish Seal