

**DIOCESE OF ORLANDO**

P.O. Box 1800

Orlando, FL 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: <u>St. Matthew Catholic Church</u>
City & State: _____	City & State: <u>Winter Haven, FL 33884</u>
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)