



**Diocese of Duluth
FREEDOM TO MARRY AFFIDAVIT**

Name of person intending to be married

1. _____
Your Full Name

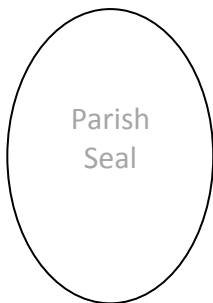
Address City/State/Zip
2. What is your relationship to, and how long have you known this person?

3. Was this person ever baptized? _____ If so, when? _____
Where? _____
Church City/State/Zip
4. Has the person named above ever been married before? _____
5. If yes, please give details (to whom, where and when?) _____

6. As far as you know, does the person named above intend to enter a permanent marriage, lasting until death? _____
7. After marriage, does the couple intend to have children? _____
8. As far as you know, do the parents, siblings or close friends disapprove of this marriage?

9. If yes, please explain _____
10. Please share any reason(s) you may have for advising this couple NOT to marry _____

11. Do you testify to the truth of your statements? _____



Date Signature of Witness

Signature of Priest/Deacon Church City and State

Date