

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>Sts. Peter & Paul Church</u>
City & State: _____	City & State: <u>Winter Park, FL 32792</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.

<p>ANSWER ALL QUESTIONS FULLY</p> <p>Has the party named above ever gone through a marriage ceremony, even civilly? _____</p> <p>How many times? _____ With whom: _____</p> <p>Where and When: _____ Before Whom? _____</p> <p>Have these marriages been declared null by the Church? _____</p> <p>Explain _____</p>

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)