



FORM B: Pre-Nuptial Witness Testimony

The witness should be a parent, sibling, or other close relative who has known the party all or most of his/her life. If no relative is available, then a friend of many years may complete the form.

The witness must be able to answer all questions from personal experience.

Ask: <i>“Do you promise to tell the truth in answer to the questions asked of you?”</i>
Name of Person to be Married
Name of Witness
Address of Witness (include City, State, ZIP Code)
Relationship of witness to above-named party
How well do you know the above-named party? If you are not a relative, how many years have you known the above-named party? _____ years
Was the party ever baptized? Yes No If yes, when, where, and into which denomination?
If Catholic, to which rite is he/she a member? Latin Eastern
Has the party ever contracted or entered marriage (even civilly)? Yes No
If yes, was the marriage annulled or dissolved by a Church tribunal? Yes No If yes, when and where? (If more than one marriage, list details on separate sheet of paper.)
Is the party bound by any diriment impediment (age, impotence, disparity of worship, ordination, perpetual vow of chastity, abduction, crime, consanguinity, affinity, public propriety, legal relationship resulting from adoption)? Yes No
If yes, by which impediment is the party bound?
Is the party entering marriage free from pressure and fear, and does the party intend a permanent exclusive union open to having children? Yes No
Does the witness consider the party sufficiently mature to accept the responsibilities of marriage? Yes No
Does the witness wish to make any further comments concerning the marriage? Yes No

Date *Signature of Witness* *Signature of Priest / Deacon / Pastoral Minister*

(Seal of Parish)

Testimony was taken at (parish and city)
The wedding is to take place at (parish and city)
The bride and groom are being prepared at (parish and city)

If the deposition is taken outside the Archdiocese of San Francisco, it must be approved by the Chancery Office of the diocese where the witness resides:

Visum est: _____ Diocese: _____

Date: _____ *(Seal of Diocese)*