ARCHDIOCESE OF DUBLIN
Statement Concerning the Freedom to Marry

of

Name: _____

Name of other party: _____

Date of Marriage: _____

Place of Marriage: _____

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1. Please state your relationship to the Bride/Groom*: _____

2. To the best of your knowledge has he/she ever been married either religiously or civilly before?

_____
(yes/no)

If yes, please give details: _____

_____

_____

3. Do you know of any reason which could prevent this Marriage from taking place?

_____
(yes/no)

If yes, please explain _____

_____

_____

Name and address of person making statement: _____

_____

_____ Tel:

Signature: _____

SEAL Priest-Witness: _____

Date and Place: _____

* To be completed by Father, Mother, Brother, or Sister of the party in the presence of a priest who will witness his/her signature