



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: "Do you promise to tell the truth in answer to the questions asked of you?"
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when, where, and into which denomination?
If Catholic, to which rite is he/she a member? <input type="checkbox"/> Latin <input type="checkbox"/> Eastern
Has the party ever contracted or entered marriage (even civilly)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, was the marriage annulled or dissolved by a Church tribunal? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the witness consider the party sufficiently mature to accept the responsibilities of marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the witness wish to make any further comments concerning the marriage? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Diocese of Sacramento, it must be approved by the Chancery Office of the diocese where the witness resides:

Visum est: _____

Diocese: _____

Date: _____

(Seal of Diocese)