

ARCHDIOCESE OF PHILADELPHIA  
PRE-MARRIAGE WITNESS TESTIMONY

Name of Bride: \_\_\_\_\_

Name of Groom: \_\_\_\_\_

Parish where testimony is taken: \_\_\_\_\_ Address: \_\_\_\_\_

1. Name of witness: \_\_\_\_\_ Address: \_\_\_\_\_

2. Witness is testifying on behalf of: *[please circle one]*: **BRIDE** **GROOM**

3. Relationship of witness to above-named party: \_\_\_\_\_

4. Has the person to be married ever contracted or entered a previous marriage, either by a civil or religious ceremony?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, to whom? \_\_\_\_\_

Where? \_\_\_\_\_

How was the marriage dissolved? \_\_\_\_\_

5. Is this person entering marriage free from pressure and fear? YES \_\_\_\_\_ NO \_\_\_\_\_

6. Has this person ever expressed an intention against permanence, exclusiveness, and openness to children in marriage? YES \_\_\_\_\_ NO \_\_\_\_\_

7. Has this person concealed anything significant from his/her intended spouse?

YES \_\_\_\_\_ NO \_\_\_\_\_

8. Do you know of any other reason or circumstance which would be an obstacle to the present marriage or reason why these two parties should not marry? YES \_\_\_\_\_ NO \_\_\_\_\_

9. Do you swear to the truth of your statement YES \_\_\_\_\_ NO \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Witness: \_\_\_\_\_

Signature of Priest/Deacon: \_\_\_\_\_

**PARISH SEAL**

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

Visum est: \_\_\_\_\_

Diocese: \_\_\_\_\_

**SEAL**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\* *[The Chancery is requested to return this form to the priest or deac who is preparing the couple for marriage]*