

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: *[check one]*:  BRIDE  GROOM

3. Relationship of witness to above-named party: \_\_\_\_\_  
How long has the witness known the 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? \_\_\_\_\_

6. Has this person ever expressed an intention against permanence, exclusiveness, and openness to children in marriage? \_\_\_\_\_

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

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? \_\_\_\_\_

9. Do you swear to the truth of your statement? \_\_\_\_\_

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

Signature of Witness

Parish

Seal

Signature of Priest/Deacon

\*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 deacon who is preparing the couple for marriage:]

Priest/Deacon: \_\_\_\_\_ Church: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_