

THE ROMAN CATHOLIC
ARCHDIOCESE OF ATLANTA



PRENUPTIAL WITNESS AFFIDAVIT

WITNESS INFORMATION

Name: _____

Witness for: _____, who is the Bride ☐ Groom ☐

Relationship to bride or groom: _____ Length of relationship: _____

Address of witness: _____

PLEASE RETURN THIS FORM TO

Parish: _____

Address: _____

For the attention of: _____

Date of projected wedding: _____

With God as my Witness, I swear to tell the whole truth in answering the questions below. **Initial Here:** _____

QUESTIONS

Was this person ever baptized? Yes, baptized Catholic ☐ Yes, baptized non-Catholic ☐ Not baptized ☐

If Catholic: Latin ☐ Eastern ☐ If non-Catholic, religion or denomination: _____

Date of baptism: _____

Church of baptism: _____

City, State, and ZIP: _____

Were you present at the baptism? Yes ☐ No ☐

If not present, how do you know of the baptism? _____

Has this person ever been married previously in a religious or civil ceremony? Yes ☐ No ☐

If so, how many times? _____

Do you know of any reason why the proposed marriage should not take place? Yes ☐ No ☐

If so, please explain why: _____

Is any person or circumstance forcing either party to marry against their will? Yes ☐ No ☐

If so, please explain: _____

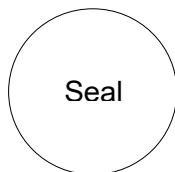
Do you know any reason why the forthcoming marriage would not be lawful or valid? Yes ☐ No ☐

If so, please explain: _____

This document must be signed in the presence of a Deacon, Priest, Minister, or Notary Public.

Signature of Witness & Date

Signature of Cleric, Minister or Notary



Printed name of Cleric, Minister or Notary & Date