



OFFICE OF MATRIMONIAL DISPENSATIONS & PERMISSIONS
Form MB

Affidavit for the Marriage of

_____ & _____
GROOM (print full name) BRIDE (print full name)

Chancery Office

100 East Eighth Street
Cincinnati, Ohio 45202

513-421-3131
513-421-6225 Fax

Communications@
CatholicCincinnati.org

Wedding Church: _____
Address: _____

Affidavit for: ___ Groom ___ Bride (*Check one*)

1. Do you solemnly promise to tell the truth in answering the following questions? _____
2. Your name and address: _____

3. What is your relationship to the person for whom you are testifying? _____
4. How long have you known him/her? _____ How well? _____
5. Has he/she ever been involved in a wedding ceremony? _____ If so, please provide details.*
6. Is he/she related to the future spouse? _____ If so, how? _____
7. Is he/she entering this marriage freely, without force or coercion or social pressure? _____
8. Does he/she intend permanence in this marriage _____ and openness to children? _____
9. Does he/she intend lifelong fidelity in this marriage? _____

*If your response to any one of questions 7-9 is "No," please explain.**

10. Are there any reasons why he/she should not be married? _____ If yes, please provide details.*
11. If he/she is under 18, has parental consent been given? _____ If not, please provide details.*
12. If this party is non-Catholic, has he/she ever been baptized in any religion? _____ If so, please provide details of the ceremony.*
13. If he/she is not baptized, how do you know this?*

Date: _____

Signature of Affiant

Signature of Priest or Deacon

Parish _____
Address _____

[Parish Seal]

*Please record any detailed responses on the reverse of this form.