

This questionnaire is to be used in all marriages in which neither the pastor nor any other priest or deacon is able to vouch for the freedom of a party to the proposed marriage.



**Affidavit of Free Status**  
**DIOCESE OF GRAND ISLAND,**  
**NEBRASKA**

VISUM EST .....  
 (Chancellor)  
 DIOCESE OF .....  
 DATE .....  
 (Seal of Chancery)

**INFORMATION REGARDING THE WITNESS PROVIDING TESTIMONY**

Name ..... Address .....

Phone ..... .....

Email ..... City, State, Zip .....

Who are you providing testimony for? .....  Bride  Groom

How long and how well have you known this person? .....

Who do they wish to marry? .....

**The following questions must be answered in the presence of a Catholic priest or deacon:**      **Yes**      **No**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Do you promise to tell the truth in answering the following questions?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you know any reason why either party cannot contract a valid marriage?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the person for whom you are testifying ever been married before? Even Civilly?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the person for whom you are testifying related to the other party by blood or adoption? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the person for whom you are testifying entering this marriage freely?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does this person intend to enter a permanent, indissoluble marriage?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does this person, to your knowledge, intend to have children?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does this person intend to be faithful for life to the partner of this marriage?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do the parents of this person have reservations or concerns about this marriage?           | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of the Witness: .....

**Instructions to the Priest/Deacon conducting the interview:**

Should any of the answers to the following questions need explanation or qualification, please use the back of this affidavit.

If the affidavit is made outside of the Diocese of Grand Island, please forward it to your chancery for approval.

I, \_\_\_\_\_ (please print), a **Catholic priest/deacon, hereby affirm with my signature that the above-signed person appeared before me and answered these above questions.**

\_\_\_\_\_  
 [Signature]

\_\_\_\_\_  
 [Date]

\_\_\_\_\_  
 [CHURCH SEAL]

**Please return to: St. Patrick Catholic Church | 415 N Chestnut St, North Platte, NE 69101**