ROMAN CATHOLIC DIOCESE OF ALBANY
FREEDOM TO MARRY WITNESS AFFIDAVIT
M-2 FORM

Name of witness:_____

Address of witness:_____

E-mail address and phone number of witness:_____

I hereby affirm, so help me God, the following about _____ who wishes to enter marriage.

What is your relationship to the above-named party?_____

How long have you known the above-named party?_____

Has this person ever contracted or entered a previous marriage, even with his or her current spouse, by either a civil or a religious ceremony?_____

If yes, how many times?_____ To whom?_____

Where?_____

How was each marriage dissolved?_____

To your knowledge, is this person entering marriage under fear or pressure?_____

To your knowledge, has this person ever expressed an indication <u>against</u> marriage as a bond that is permanent, open to children, and lived in fidelity to one's spouse for life?_____

If either spouse is under twenty-one years of age, have the parents objected to this marriage?_____

Do you have anything else to share about the person or any explanation of the above answers?_____
(*Please feel free to attach an additional document.*)

This affidavit may be notarized by a priest, deacon, or parish life coordinator if signed in their presence; otherwise, it should be signed before a notary public.

_____ _____
Signature of witness Date

_____ _____
Notary Date