ROMAN CATHOLIC
DIOCESE OF CHARLESTON

PRENUPTIAL WITNESS AFFIDAVIT

WITNESS INFORMATION

Please provide all the following documents in either original or certified copy form.

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: *Responses to be completed by the WITNESS ONLY.*

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/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:

Signature of Witness

Date

SEAL

Signature of Cleric, Minister or Notary

Printed name of Cleric, Minister or Notary

Date