

ARCHDIOCESE OF DUBLIN

Statement Concerning the Freedom to Marry of:

Name: _____

Name of other party: _____

Date of Marriage: _____

Place of Marriage: _____

1. Please state your relationship to the bride/groom*: _____

2. To the best of your knowledge has he/she ever been married before? _____ (yes/no)

If yes, please give details: _____

3. Do you know of any reason which could prevent this marriage taking place? _____ (yes/no)

If yes, please explain _____

Name and address of person making statement: _____

_____ **Tel:** _____

Signature: _____

SEAL

Signature of Priest: _____

Date of Place: _____

***To be completed by father, mother, brother or sister of the party.**