

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 either religiously or
civilly 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

Priest-Witness: _____

Date and Place: _____

*** To be completed by father, mother, brother or sister of the party in the presence of a priest who
will witness his/her signature**