



# Canonical Witness Affidavit

To be used when a canonical witness is required to determine a party's freedom to marry or baptismal status

Diocese of Bismarck  
Office of Canonical Affairs

\_\_\_\_\_  
*Name of Groom or Bride*

## Canonical Witness Information

Phone Interview  Personal Interview

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Relationship to the person to be married: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

## Baptismal Status Information

Was this person baptized? Yes  No

How do you know? Was present  Have seen baptismal certificate  Other

Denomination and Approximate Date of Baptism: \_\_\_\_\_

## Marital Status Information

Has this person ever contracted or attempted marriage in any manner? Yes  No

Name of Previous Spouse: \_\_\_\_\_ Marriage Date: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Officiated by: Priest  Minister  Civil Official  How did it end? Death  Divorce

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| • Is this person bound by any civil or ecclesiastical impediments to this marriage?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is this person marrying because of force or fear arising from persons or circumstances?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you believe that this person understands the nature and responsibilities of marriage?                | <input type="checkbox"/> | <input type="checkbox"/> |
| • If this person is under the legal age, do the parents or guardians consent to the forthcoming marriage? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you know of any reason why this person should not be married in the Catholic Church?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you know of anything else that should be disclosed in regard to this person's forthcoming marriage?  | <input type="checkbox"/> | <input type="checkbox"/> |

Explanation: \_\_\_\_\_

**I NOW AFFIRM THE TRUTH OF THE ABOVE STATEMENTS, TO THE BEST OF MY ABILITY**

\_\_\_\_\_  
*Signature of Person Interviewed (or Phone Interviewer)*

\_\_\_\_\_  
*Date Interviewed*