

**ARCHDIOCESE OF DUBLIN**  
**Statement Concerning the Freedom to Marry**  
**of**

**Name:** \_\_\_\_\_

**Name of other party:** \_\_\_\_\_

**Date of marriage:** \_\_\_\_\_

**Place of marriage:** \_\_\_\_\_

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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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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**