

ARCHDIOCESE OF DUBLIN
Statement Concerning the Freedom to Marry of

Bride's Name: _____

Groom's Name: _____

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: _____

Signature of Priest: _____

SEAL

Date and Place: _____

St. Patrick's
Esker
Lucan
Co. Dublin.

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

