



The Roman Catholic Archdiocese of Washington

OFFICE OF CANONICAL SERVICES P.O. BOX 29260, WASHINGTON, DC 20017-0260

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PRENUPTIAL WITNESS AFFIDAVIT FOR: ☐ BRIDE ☐ GROOM

(To be filled out by parent(s) or someone who has known the party all or most of his/her life)

I/We, _____,

the undersigned, solemnly swear that, to my/our knowledge, _____

Print complete name of Bride or Groom

whom I/we have known for _____ years, is free to marry _____.

Print complete name of Bride or Groom

I/we am/are not aware of any reason which would compromise their freedom to marry. I/we confirm the following:

The Bride and Groom currently civilly married to each other and are seeking convalidation. Y / N

This is the first marriage of _____ Y / N

Print complete name of Bride or Groom

If not, please list the name(s) of all former spouse(s):

How did this/these marriage end? ☐ Divorce ☐ Death ☐ Annulment

Please sign below in the presence of a public notary or clergy.

Signature of Witness

Signature of Witness

Address of witness

Address of witness

City, State, Zip

City, State, Zip

Relationship of Witness to Bride/Groom

Relationship of Witness to Bride/Groom

Sworn to and signed in my presence this _____ day of _____, 20____

SEAL

Print Name

Signature of Priest/Deacon/Notary Public

Address/City/State/Zip code