



DIOCESE OF MONTEREY

PRENUPTIAL INVESTIGATION

Form B (Witness)

Groom:	_____
Bride:	_____
Date set for Marriage:	_____
Priest/Deacon:	_____
Parish:	_____
Address:	_____
City:	_____
State:	_____
Zip Code:	_____
Country:	_____

CONCERNING THE FREEDOM TO MARRY OF: _____

1. Do you solemnly swear to answer the following questions truthfully? _____

WITNESS

2. Full Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

3. What is your relationship to the above party? _____

4. How long have you known the above party? _____

5. Has the person above ever been baptized? _____ If so, denomination: _____ Date: _____

Church: _____ City: _____ State: _____ Country: _____

6. Has the above party ever been married, either by religious or civil ceremony, including a current civil marriage, or by "common law" union? _____

If the answer to question 6 is no, proceed to question #11.

7. Married to whom? _____ Date: _____ Place: _____ Before Whom: _____

1st _____

2nd _____

3rd _____

8. Does this party have children? _____ If yes, how many? _____ What are their ages? _____

9. Does this party have primary care of the children? _____ Does this party provide financial support? _____

10. If the children are Catholic, who provides for the religious care of the children? _____

11. Is any person or circumstance pressuring this party to marry against his/her will? _____ If yes, please explain in Remarks section below.

12. Has the party ever been treated for any mental or emotional difficulty, or any alcohol or chemical dependency? _____ If yes, please explain in Remarks section below.

13. ¿Do you think this party is ready to take on the serious responsibilities of marriage? _____ If no, please explain in Remarks section below.

14. Do you know of any reason why the forthcoming marriage would not be lawful and valid? _____ If yes, please explain:

Witness Remarks: _____

Signature of Witness _____

Date _____



FOR PASTORAL STAFF INTERVIEWER USE:

Pastoral Staff Interviewer Remarks: (especially with reference to the knowledgeability of the witness) _____

The witness is known to me personally

The witness is not known to me personally

Signature of Interviewer: _____

Name of Interviewer: _____

Parish: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date: _____



PLEASE RETURN THIS FORM TO:

Attention: _____

Parish: _____

Address: _____

City: _____ State: _____ Zip Code: _____