



ROMAN CATHOLIC DIOCESE OF CALGARY

120 - 17 Avenue S.W. Calgary, Alberta, Canada T2S 2T2
 Phone: (403) 218-5528; Fax: (403) 264-0272
 E-mail: chancellor@calgarydiocese.ca

CONCERNING PROOF OF FREEDOM TO MARRY OF:

Last Name:		Given Name(s):	
1.	Are you willing to be truthful in the answers you are about to give?		
2.	How long have you known this person?		
3.	What is your relationship to this person?		
4.	To the best of your knowledge, was this person ever married?		
5. IF YES			
a)	Name of Spouse:		
b)	Date of Marriage:		
c)	Place of Marriage:		
d)	Presider at Marriage: Catholic Priest ☐ Deacon ☐ Minister ☐ Civil Official ☐		
6.	Do the parents/guardians have any objections to this marriage?		
7.	To your knowledge, is he entering into this marriage of his own free will?		
8.	To your knowledge, does he intend a "permanent marriage"?		
9.	Have you any reason to believe that he intends to exclude children from this marriage?		
10.	To your knowledge, does he attach any condition, qualification or limit on his proposed marriage?		

In your personal view, do you consider this person sufficiently mature and ready for marriage?	
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Given at:	Date:
Name:	Signature:
Name of Witness:	Signature of Witness:



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a) Name of Spouse:	
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d) Presider at Marriage:	Catholic Priest ☐ Deacon ☐ Minister ☐ Civil Official ☐

6. Do the parents/guardians have any objections to this marriage?	
7. To your knowledge, is she entering into this marriage of her own free will?	
8. To your knowledge, does she intend a "permanent marriage"?	
9. Have you any reason to believe that she intends to exclude children from this marriage?	
10. To your knowledge, does she attach any condition, qualification or limit on her proposed marriage?	

In your personal view, do you consider this person sufficiently mature and ready for marriage?

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Name:	Signature:
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