

DIOCESE OF OAKLAND  
2121 HARRISON STREET, OAKLAND, CA 94612-3788

WITNESS QUESTIONNAIRE

**TO BE COMPLETED BY THE PRIEST OR DEACON, NOT THE WITNESS**

Parish of \_\_\_\_\_ City \_\_\_\_\_

Priest/Deacon arranging for marriage: Rev. \_\_\_\_\_ Officiant? Yes -  No -

Name of Person to be married \_\_\_\_\_

The Auditor will instruct the witness regarding the sacred character and binding force of an oath, and then ask the witness to take the following oath:

1. Do you swear to tell the whole truth in answer to all the questions that shall be proposed to you, so help you God?

\_\_\_\_\_

QUALIFICATIONS OF WITNESS (Must be someone who has known the party since the age of puberty, such as parents, guardians, siblings, relatives, etc. - not current co-workers, friends, or acquaintances)

2. What is your full name? \_\_\_\_\_

Your address? \_\_\_\_\_

Religion? \_\_\_\_\_

3. What is your relationship to the above-named person? \_\_\_\_\_

Have you been closely associated with him/her? \_\_\_\_\_

4. Where does this person live? \_\_\_\_\_

BAPTISMAL STATUS

5. What is his/her religion? \_\_\_\_\_

Has this person ever been baptized or christened in any Christian denomination? \_\_\_\_\_

If so, in what denomination and where? \_\_\_\_\_

<u>(To be asked regarding the Catholic party only)</u>	
Did he/she receive First Communion?	Yes - <input type="checkbox"/> No - <input type="checkbox"/>
If so, when and where?	_____
Was he/she Confirmed?	Yes - <input type="checkbox"/> No - <input type="checkbox"/>
If so, when and where?	_____

6. How actively does he/she practice his/her religion? \_\_\_\_\_

MARITAL STATUS

7. Has this person ever contracted or attempted marriage (even if civilly or by common law)? Yes -  No -

(To be asked only if there was a previous marriage(s))

To whom? \_\_\_\_\_

When? \_\_\_\_\_

Where? \_\_\_\_\_

Before whom (priest? minister? civil official?) \_\_\_\_\_

Does this marriage bond still exist? \_\_\_\_\_

If not, how was it dissolved? \_\_\_\_\_  
(By civil annulment? divorce? death?)

Does this person have any obligations arising from justice or charity toward the former spouse or any children born of this union? \_\_\_\_\_

If yes, are they being fulfilled? \_\_\_\_\_

**INTENT AND CAPACITY**

8. Whom does this person intend to marry? \_\_\_\_\_

Is this party related to his/her intended spouse by blood or by marriage? Yes -  No -

If yes, please give details: \_\_\_\_\_

Insofar as you know, does this party intend to enter a marriage that is a life-long union of exclusive love and affection, open to children? Yes -  No -

If not, please give details: \_\_\_\_\_

Insofar as you know, does this party have the physical and psychological capacity to assume and reasonably fulfill the responsibilities of marriage? Yes -  No -

If not, please give details: \_\_\_\_\_

Is there anything else you believe you should make known about this proposed marriage?  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

Parish

\_\_\_\_\_  
Signature of Priest/Deacon

Seal

\_\_\_\_\_  
Name of Church

\_\_\_\_\_  
City, State

(If deposition is taken outside Diocese of Oakland, it must be approved by the Chancery Office of the Diocese where the witness resides.)

Visum est: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

SEAL OF CHANCERY