FORM M-B

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ARCHDIOCESE OF LOUISVILLE

One freedom Form M-B must be obtained for each spouse. However, if the banns are published, he (she) is excused from this requirement. Parents are <u>preferred witnesses</u>.

FREEDOM	AFFIDAVIT FOR		
	Name of witness:		Address:
	Date of Birth:		Religion:
	What is your relationship to the above-named person?		
	If parent or guardia	an, do you consent to this ma	arriage?
Signature of Priest/Deacon			Signature of Witness
Date			Place
() Iknov	w this witness personall	y and consider him/her to be	s truthful
		lly, this witness appears com	
	• • • • • • • • • • • • • • • • • • • •		
SUPPLETO	ORY OATH FOR FREE	EDOM TO MARRY:	
I,		son/daughter of	and, (mother)
fully consci	ious of the importance of	of importance of this matter	Cather) (mother) and being unable to present sufficient evidence to establish my freedor ife, I have remained free from every impediment to and any bond of
Date			Signature of Affiant
Date			Signature of Witness
	F BAPTISM:		•••••
			(have you) ever heen hantized?
			(have you) ever been baptized?
	of Priest/Deacon	Date	Signature of Witness