



THE ARCHDIOCESE OF SAN FRANCISCO

METROPOLITAN TRIBUNAL

ONE PETER YORKE WAY, SAN FRANCISCO, CA 94109-6602 • (415) 614-5690 • FAX (415) 614-5696

DECLARATION OF FREEDOM TO MARRY OUTSIDE OF THE ARCHDIOCESE ("Blue Form")

This form, properly completed, *together with all pertinent documents*, is to be submitted to this Office whenever a marriage is to be performed outside of the Archdiocese of San Francisco. After the *Nihil obstat*, this document, *together with all documents* is to be forwarded for permanent filing in the parish where the marriage is to be celebrated.

BRIDE	[Please print or type]	GROOM
_____	Full Name	_____
_____	Address	_____
_____	City, State ZIP	_____
_____	Telephone Number	_____
_____	Father's Name	_____
_____	Mother's Name	_____
_____	City and State of Birth	_____
_____	Date of Birth	_____
_____	Church and City of Baptism	_____
_____	Date of Baptism	_____
_____	Church and City of Confirmation	_____
_____	Date of Confirmation	_____

The free state of the Bride has been established by:
(Mark all that apply)

- Baptismal Certificate with notations
- Personal Statement of the Bride under Oath
- Testimony of a Witness under Oath
- Declaration of Nullity of a Previous Marriage

The free state of the Groom has been established by
(Mark all that apply)

- Baptismal Certificate with notations
- Personal Statement of the Groom under Oath
- Testimony of a Witness under Oath
- Declaration of Nullity of a Previous Marriage

COMPLETE ALL REQUESTED INFORMATION ON THE REVERSE SIDE OF THIS FORM

After examining the documents presented, no canonical reason prevents this marriage from being celebrated outside of the Archdiocese of San Francisco.

From the Archdiocese of San Francisco

_____ Date

_____ Delegate

If applicable, note the Dispensation(s) or Permissions(s) which have been granted to the Catholic party:

- Dispensation from Disparity of Worship
- Dispensation from Disparity of Worship *ad cautelam*
- Permission for Mixed Religion
- Other: (Please specify): _____

Date Granted: _____

Diocese: _____

The Date of this proposed marriage: _____

ATTESTATION OF THE PASTOR OR HIS AUTHORIZED DELEGATE

Parish: _____

Mailing Address: _____

City, State ZIP: _____

- Check here if Documents are to be forwarded directly to the place of marriage.
- Check here if Documents are to be returned to the Parish of origin.

I, the undersigned Pastor (or authorized delegate) have no objection to the aforementioned marriage being celebrated outside of this parish by a properly delegated priest or deacon in accord with the law of the Church.

(Parish Seal)

Pastor (or authorized Delegate)

Please print name

Location where this marriage is to take place:

Diocese: _____

Parish: _____

Mailing Address: _____
