

ARCHDIOCESE OF LOS ANGELES
OFFICE OF THE VICAR FOR CANONICAL SERVICES
3424 Wilshire Boulevard
Los Angeles, CA 90010-2241
Tel.: (213) 637-7201
Fax: (213) 637-6178
E-mail: wcs@la-archdiocese.org

AFFIDAVIT OF NON-VALIDATION: OTHER PARTY

Regarding your marriage to: _____
(Maiden Name, if applicable)

Name of Affiant: _____

Address: _____

City, State, Zip: _____

Telephone: _____

QUESTIONNAIRE

Was your marriage ever validated or sanated in the Roman Catholic Church? _____

Did this marriage take place with a dispensation from canonical form? _____

Did you ever abandon the Catholic Faith by a "formal act"? (E.g., were you registered, re-baptized, or actively participate in another faith?) _____

Were any children born of this marriage? _____

Has your former spouse faithfully fulfilled his/her legal or other obligations regarding any children born of your marriage? _____

If not, please explain: _____

I hereby swear to the truth of my answers to the above questions.

Signature of Affiant

Date

Signature of Priest/Deacon/Pastoral Minister

Name of Parish

PRINT Name of Priest/Deacon/Pastoral Minister

Parish Address

(Parish Seal)

Parish Telephone