

**ARCHDIOCESE OF LOS ANGELES**  
**OFFICE OF THE VICAR FOR CANONICAL SERVICES**  
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*If witnesses are needed, print or make one copy of this form for each witness.*

**AFFIDAVIT OF NON-VALIDATION: WITNESS**

Regarding the marriage between: \_\_\_\_\_  
and (use maiden name): \_\_\_\_\_  
Name of Witness: \_\_\_\_\_  
Relationship to Petitioner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

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**QUESTIONNAIRE**

Did this marriage of the above-named parties ever take place in the Roman Catholic Church? \_\_\_\_\_  
Did this marriage take place with a dispensation from canonical form? \_\_\_\_\_  
Was this marriage ever “blessed,” validated or sanated in the Catholic Church? \_\_\_\_\_  
Did either party ever abandon the Catholic Faith by a “formal act”? (E.g., register or get baptized in another faith?) \_\_\_\_\_  
Have the two parties faithfully fulfilled their legal or other obligations regarding any children born of their marriage? \_\_\_\_\_  
If not, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby swear that I have been in contact with the parties throughout the length of their civil marriage, and to the truth of my answers to the above questions.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Priest/Deacon/Pastoral Minister

\_\_\_\_\_  
Name of Parish

\_\_\_\_\_  
PRINT Name of Priest/Deacon/Pastoral Minister

\_\_\_\_\_  
Parish Address

**(Parish Seal)**

\_\_\_\_\_  
Parish Telephone