

DIOCESE OF FORT WAYNE-SOUTH BEND

Office of the Vicar General/Chancellor

Archbishop Noll Catholic Center

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IMPORTANT: To be filled out in the presence of a Priest or Deacon

(Please Print)

AFFIDAVIT CONCERNING THE STATUS OF _____

PARISH OF WEDDING _____

NAME OF WITNESS _____

ADDRESS _____

(City, State, Zip)

1. What is your relationship to the person whose name appears above? _____

2. How long have you known this person? _____

3. Do you know this person well enough to testify regarding his/her marital status? _____

4. Has the above name person ever been married in a church or civil ceremony of any kind? _____

(a) If yes, how many times? _____

(b) With whom? _____

(c) When and where did the marriage take place? _____

(d) Was the wedding performed with the permission of the Catholic Church? _____

(e) If yes, when and where was permission granted? _____

(f) Was the marriage ever validated/blessed by a priest or a deacon in the Catholic Church? _____

(g) If yes, when and where? _____

(h) When and how did this marriage end? _____

5. Was the above named person ever baptized? _____

(a) If yes, in what religion? _____

(b) When? _____

(c) Where? _____

(Parish, City, State, Zip)

To be answered by non-Catholics only

6. Did the above named person ever make a Profession of Faith in the Catholic Church? _____

(a) If yes, where? _____

(City, State, Zip)

(b) When? _____

I have testified truthfully _____

(Signature of witness)

(Signature of **Catholic Priest, Catholic Deacon, Catholic Pastoral Associate**)

(Date)

(Catholic Parish, City, State)