

Pr. Num: _____

File Num: _____



LACK OF CANONICAL FORM

Supporting Testimony

Petitioner**vs.**_____
Respondent

Questionnaire to be proposed to _____

Name: _____

Maiden Name: _____

Address: _____

1. Do you swear before God to answer truthfully? _____

2. What is your relationship to _____?

How well did you know him/her? _____

3. What is this person's present address? _____

4. In what religion was this person baptized? _____

When? _____ Where? _____

Was this person ever a Catholic? _____

5. Was _____ ever married to _____?

When did this marriage take place? _____ Where? _____

Who officiated at this marriage? _____

(minister or civil official)

6. Was this marriage ever validated in the presence of a Catholic priest or deacon? _____

Could this marriage ever have been validated without your knowledge? _____

7. In what religion was the other person to this marriage baptized? _____

When? _____ Where? _____

Was this person ever a Catholic? _____

8. Was this _____'s first marriage? _____

If not, please explain? _____

9. Was this the first marriage of the **other** party? _____

If not, please explain? _____

10. What is the present name and address of the **other** party? _____

11. Was a dispensation from the Catholic Form of Marriage granted allowing someone other than a Catholic priest or deacon to witness this ceremony? _____

12. Is there anything you wish to add? _____

(date)

(signature)

(signature of priest or deacon)

(parish name)

(city)

The priest or deacon is asked to report on the credibility of the witness.