



EPARCHY OF OUR LADY OF LEBANON

The Chancery
1021 South 10th St.
St. Louis, MO 63104
Tel: 314-231-1021 Fax: 314-231-1418

FORM F AFFIDAVIT OF NON-VALIDATION (RESPONDENT)

Regarding your marriage to: _____

Name of Affiant: _____

Street Address: _____

City, State, Zip Code: _____

Phone(s) _____

Home

Cell

Work

1. Have you ever been baptized? ___ Yes; ___ No. Denomination: _____

If "Yes", where and when? _____

Church

City, State

2. Did this marriage ever take place in the Catholic Church? ___ Yes ___ No

If "Yes", where and when? _____

Church

City, State

Date

3. Did this marriage take place with a dispensation from canonical form? ___ Yes ___ No

4. Was this marriage ever validated or "blessed" in the Catholic Church? ___ Yes ___ No

5. Has your former spouse faithfully fulfilled his/her obligations regarding any children born of your marriage? ___ Yes ___ No

If not, please explain _____

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

Date: _____

Signature of Affiant

(Seal)

Priest

Parish