



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 G
AFFIDAVIT OF NON-VALIDATION
(WITNESS)**

Regarding the marriage between _____
and _____

Name of Affiant: _____

Address: _____
Street City, State, Zip Code

Phones: _____
Home Cell Work

1. Affiant's relationship to Petitioner: _____

2. How long have you known the Petitioner? _____

3. Did the marriage of the above-named parties take place in a Catholic Church? ___ Yes ___ No

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

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

6. Have the parties faithfully fulfilled their obligations regarding any children
born of this marriage? ___ Yes ___ No

If not, please explain: _____

I hereby declare that I have maintained contact or communication with the above-named parties throughout their civil marriage, and am thereby in a position to answer the above questions knowledgeably. I swear to the truth of my answers.

Date: _____
Signature of Affiant

(Seal) _____
Priest

Parish