## 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)

2010