



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

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