

DIOCESE OF NELSON  
Office of the Chancellor  
3665 Benvoulin Road  
Kelowna, BC V1W 4M7  
Tel: (250) 448-2725 Fax: (866) 964-3858

AFFIDAVIT  
RE: LACK OF FORM

Affidavit to be submitted by the OTHER PARTY to the marriage; OR  
if impossible, by TWO SUPPLEMENTARY WITNESSES **for the other party.**

I, the undersigned, declare under oath, that I \_\_\_\_\_  
(Name)

am the former \_\_\_\_\_ of \_\_\_\_\_  
(Wife/Husband) (Name of Petitioner)

**OR**

am a \_\_\_\_\_ of \_\_\_\_\_  
(Friend/Relative) (Name of Other Party)

I have known the other party for \_\_\_\_\_ years.

I am well acquainted with the circumstances of the marriage of  
\_\_\_\_\_ and \_\_\_\_\_

before a \_\_\_\_\_ on \_\_\_\_\_  
(Civil Official/non-Catholic Minister) (Date of Marriage)

in \_\_\_\_\_ .  
(Place)

I further know and swear that this attempted marriage (check one)  
\_\_\_\_\_ HAS NOT BEEN validated (or blessed) before a Catholic priest.  
\_\_\_\_\_ HAS BEEN validated (or blessed) before a Catholic priest at  
\_\_\_\_\_ Church in \_\_\_\_\_  
on \_\_\_\_\_ .  
(Date)

Prior to this union was either party married before? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" give names, date and place for each previous marriage.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Priest: \_\_\_\_\_ Signed: \_\_\_\_\_

Parish: \_\_\_\_\_ Address: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_ Postal Code: \_\_\_\_\_