



## QUESTIONNAIRE FOR LACK OF FORM - NON-CATHOLIC

1. Do you solemnly swear before God to tell the whole truth in answer to the following? \_\_\_\_\_
2. What is your religion? \_\_\_\_\_
3. Date and place of your birth? \_\_\_\_\_
4. Your father's name? \_\_\_\_\_
5. What was his religion at the time of your birth? \_\_\_\_\_
6. Did he practice this religion during his whole life? \_\_\_\_\_
7. Your mother's (maiden) name? \_\_\_\_\_
8. What was her religion at the time of birth? \_\_\_\_\_
9. Did she practice it during her whole life? \_\_\_\_\_
10. When and where were you baptized, if ever? \_\_\_\_\_
11. Please detail the extent of your religious training and education \_\_\_\_\_  
\_\_\_\_\_
12. When and where was the respondent baptized a Catholic? \_\_\_\_\_  
\_\_\_\_\_
13. Could you have been married by a Catholic priest if you had wanted to? \_\_\_\_\_ If not,  
please explain \_\_\_\_\_
14. Was this the first marriage for each of you? \_\_\_\_\_ If no, please explain \_\_\_\_\_  
\_\_\_\_\_
15. Did you or your spouse ever approach a Catholic priest to try to have this marriage validated or  
blessed? \_\_\_\_\_
16. If so: a)When? \_\_\_\_\_  
b)Where? \_\_\_\_\_  
c)What was the name of the priest? \_\_\_\_\_  
d)What did he say? \_\_\_\_\_

17. Why did you or your spouse not have this marriage validated in the Catholic Church? \_\_\_\_\_

\_\_\_\_\_

18. When did you finally separate from this person? \_\_\_\_\_

19. Name all of the cities and towns in which you resided while living with the respondent.

\_\_\_\_\_  
CITY STATE YEARS (e.g. 1975-1980)

\_\_\_\_\_  
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20. Do you solemnly swear before God that your marriage to the respondent has never been validated in the Catholic Church? \_\_\_\_\_

21. Please give the names and addresses of at least two witnesses who can verify your statements concerning your marriage and that it was not celebrated or validated in the Catholic Church.

1. \_\_\_\_\_  
NAME COMPLETE ADDRESS

2. \_\_\_\_\_  
NAME COMPLETE ADDRESS

\_\_\_\_\_  
SIGNATURE OF PETITIONER DATE

\_\_\_\_\_  
SIGNATURE OF ADVOCATE DATE

\_\_\_\_\_  
NAME OF PARISH

PARISH  
SEAL