(Pink form) **F FORM – B** (Revised 2025)

DIOCESE OF SALINA
P.O. BOX 980
SALINA, KANSAS 67402-0980

File No.: _____

DEFECT OF FORM CASE QUESTIONNAIRE FOR TESTIMONY OF WITNESS

WITNESS:

Name:_____
First Middle Last Name Phone #

Mailing Address: _____ _____
Street / PO Box City State zip code

A petition has been made by_____ for a Declaration of Nullity for the marriage which this person contacted with _____ on (date) _____ at (location) _____.

The Petitioner maintains that this marriage is invalid on the grounds that (name of Catholic party) _____ was a Catholic bound by the Catholic Form of marriage, that the marriage did not take place according to the Catholic Form (in the presence of an officiating priest and two witnesses), that no dispensation from the Catholic Form was obtained, and that the marriage was never validated in the Church. May we therefore ask your kind cooperation in answering the following?

1. What is the nature of your relationship with _____(the Catholic party)?
   Parent / Sibling/ Relative / Friend _____
2. Was this person a baptized Catholic at the time of the above-mentioned marriage? Yes ☐ No ☐
3. If so:
   Date of Baptism:_____
   Church of Baptism: _____
   Address of Church:_____
3. Was the marriage according to the Catholic Form? Yes ☐ No ☐
4. Was a dispensation from the Catholic Form ever received? Yes ☐ No ☐
5. Was the marriage ever validated in the Church? Yes ☐ No ☐

Please sign this questionnaire, thus affirming that these answers are true to the best of your knowledge:

Date:_____ Signature: _____

Place: _____ Witness to signature:_____