



Diocese of Sacramento
The Tribunal
 2110 Broadway, Sacramento CA 95818
 (916) 733-0225
www.tribunal.scd.org

Witness List

Submit the names and addresses of at least three (preferably four) witnesses **plus** your parents who are knowledgeable about your courtship and marriage. These witnesses are in addition to your parents. Please notify the witnesses that you have given their contact information to the Tribunal, so our communication with them does not come as a surprise. **Questionnaires are sent in English unless otherwise indicated.**

Witness #1	<input type="checkbox"/> Spanish questionnaire	<input type="checkbox"/> Vietnamese questionnaire
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Title _____ Full Name _____ Relationship to Petitioner/Respondent _____
Mr/Mrs/etc.

Address _____
Street City State ZIP

Phone Numbers _____
Home Work Cell

What does the witness know to reinforce the petition? _____

Witness #2	<input type="checkbox"/> Spanish questionnaire	<input type="checkbox"/> Vietnamese questionnaire
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Title _____ Full Name _____ Relationship to Petitioner/Respondent _____
Mr/Mrs/etc.

Address _____
Street City State ZIP

Phone Numbers _____
Home Work Cell

What does the witness know to reinforce the petition? _____

Witness #3	<input type="checkbox"/> Spanish questionnaire	<input type="checkbox"/> Vietnamese questionnaire
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Title _____ Full Name _____ Relationship to Petitioner/Respondent _____
Mr/Mrs/etc.

Address _____
Street City State ZIP

Phone Numbers _____
Home Work Cell

What does the witness know to reinforce the petition? _____

Witness #4	<input type="checkbox"/> Spanish questionnaire	<input type="checkbox"/> Vietnamese questionnaire
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Title _____ Full Name _____ Relationship to Petitioner/Respondent _____
Mr/Mrs/etc.

Address _____
Street City State ZIP

Phone Numbers _____
Home Work Cell

What does the witness know to reinforce the petition? _____



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Petitioner Parent	<input type="checkbox"/> Spanish questionnaire <input type="checkbox"/> Vietnamese questionnaire
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Title _____ Full Name _____ Relationship to Petitioner _____
Mr/Mrs/etc.

Address _____
Street City State ZIP

Phone Numbers _____
Home Work Cell

What does the witness know to reinforce the petition? _____

Petitioner Parent	<input type="checkbox"/> Spanish questionnaire <input type="checkbox"/> Vietnamese questionnaire
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Title _____ Full Name _____ Relationship to Petitioner _____
Mr/Mrs/etc.

Address _____
Street City State ZIP

Phone Numbers _____
Home Work Cell

What does the witness know to reinforce the petition? _____
