



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

Witness Affidavit Regarding Civil Marriage

Bride: _____
(First, Middle, Last Name; include Maiden if applicable)

Groom: _____
(First, Middle, Last Name)

A certified copy of the marriage certificate is not possible because:

☐ There is no record of the marriage with the county where the wedding took place.

This has been verified by the county (see attached letter).

Oath: "Do you solemnly swear before Almighty God to tell the whole truth
and nothing but the truth in responding to this affidavit?" _____

Witness Name _____

Address/City/State/ZIP _____

Your relationship to the above-named person(s) _____

I hereby attest that I have known the above-named person(s) for _____ years

and that they were civilly married on (date) _____

(at) _____

Address/City/State/ZIP _____

TO BE COMPLETED BY CATHOLIC PASTOR OR HIS DELEGATE:

☐ I know the witness personally or

☐ I have verified his/her government-issued identification.

Type and Number: _____
(Driver's license, Passport, etc.)

Witness Signature

Date

Pastor or Delegate – Signature

Date

Pastor or Delegate – Print Name

Affix parish seal or stamp here.

If deposition is taken outside the Diocese of Sacramento, it must be approved by the Chancery Office of the witness' residence.

Diocese _____ Date _____

Chancellor or Bishop's Delegate