

# AFFIDAVIT

**IN THE MATTER OF the** ) A request by the divorced applicant,  
**solemnization in marriage for** ) \_\_\_\_\_,  
 ) [full name of Applicant]  
 ) for the performance of a marriage  
 ) ceremony.

**CANADA** ) I, \_\_\_\_\_,  
**PROVINCE OF \_\_\_\_\_** ) [full name of Applicant]  
 ) of the City of \_\_\_\_\_

## DO SOLEMNLY DECLARE THAT:

1. I was married on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_ [name], at the City of \_\_\_\_\_, in the Province of \_\_\_\_\_. I was not previously married.
2. Pursuant to a Decree Absolute dated the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and issued from \_\_\_\_\_ [ name of Court] on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at the City of \_\_\_\_\_, in the Province of \_\_\_\_\_, I was divorced from \_\_\_\_\_ [former spouse]. Since the date of that Decree Absolute, I have not remarried and my former spouse is still living.
3. Prior to my divorce, all reasonable efforts at reconciliation between my former spouse and me were exhausted.
4. I am deeply repentant for any personal failures of mine which may have contributed to the breakup of my previous marriage.
5. I believe that my former spouse has become involved in a sexual relationship with another person by reason of one or more of the following:
  - a. \_\_\_\_\_ I am aware that my former spouse has remarried.
  - b. \_\_\_\_\_ I am aware that my former spouse is living in a common-law relationship.
  - c. \_\_\_\_\_ I am aware that secular or ecclesiastical courts have determined that my former spouse was involved sexually with another person.
  - d. \_\_\_\_\_ My former spouse declared to me that he/she has been involved in a sexual manner with another person.

AND I make this solemn Declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

DECLARED at the \_\_\_\_\_ )  
City of \_\_\_\_\_ )  
In the Province of \_\_\_\_\_ ) \_\_\_\_\_  
 ) [signature of applicant ]

this \_\_\_\_\_ day of \_\_\_\_\_ )  
A.D. 20\_\_\_\_\_) \_\_\_\_\_  
 )  
 ) \_\_\_\_\_  
 ) [signature of first witness ]

A Commissioner of Oaths/ )  
Notary Public (or two witnesses) ) \_\_\_\_\_  
In and for the Province of \_\_\_\_\_ ) [signature of second witness ]