

DECLARATION OF DEFECTION FROM
THE ROMAN CATHOLIC CHURCH

(ACTUS FORMALIS DEFECTIONIS AB ECCLESIA CATHOLICA)

I, _____, DO HEREBY GIVE FORMAL NOTICE OF MY
DEFECTION FROM THE ROMAN CATHOLIC CHURCH. I WANT IT TO BE KNOWN
THAT I NO LONGER WISH TO BE REGARDED AS A MEMBER OF THE ROMAN
CATHOLIC CHURCH.

I FURTHER DECLARE THAT I AM AWARE OF THE CONSEQUENCES OF THIS ACT
REGARDING THE RECEPTION OF THE SACRAMENTS OF THE CHURCH,
INCLUDING THE SACRAMENTS OF THE EUCHARIST, MARRIAGE AND THE SICK
AND ALSO WITH REGARD TO BURIAL.

I UNDERTAKE TO MAKE THIS DECISION KNOWN TO MY NEXT OF KIN AND TO
ENSURE THAT THEY ARE AWARE OF THESE CIRCUMSTANCES IN THE CASE OF MY
BEING INCAPACITATED.

I ACKNOWLEDGE THAT I MAKE THIS DECLARATION UNDER SOLEMN OATH,
BEING OF SOUND MIND AND BODY, AND IN THE PRESENCE OF A WITNESS WHO
CAN TESTIFY AS TO THE VALIDITY OF THIS DOCUMENT.

SIGNED _____

ADDRESS _____

WITNESS _____

ADDRESS _____

DATE _____

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

FATHER: _____

MOTHER: _____

DATE OF BIRTH: _____

DATE OF BAPTISM: _____

DIOCESE OF BIRTH: _____

PARISH OF BIRTH: _____

SIGNED: _____