

No. _____

TRIBUNAL Diocese of Cleveland



1404 East Ninth Street, Seventh Floor, Cleveland, Ohio 44114-2555
216-696-6525; 1-800-869-6525 (Ohio only) 1-800-676-4431 (outside Ohio); ext. 4000

PETITION FOR DECLARATION OF INVALIDITY OF MARRIAGE

Please type or print in ink. A fillable PDF version of this form can be downloaded from the Tribunal website: <http://www.dioceseofcleveland.org/tribunal>

Petitioner (the party petitioning)

Respondent (the divorced spouse)

Full name (maiden, if woman) _____

Full name (maiden, if woman) _____

Age at time of marriage _____

Religion at time of marriage _____

Age at time of marriage _____

Religion at time of marriage _____

HISTORY OF RELATIONSHIP

Date of Marriage _____ Officiant (Name And Title) _____
Place of Marriage (Church / Court House / Residence) _____
Street Address _____
City / State / ZIP / County _____

If either party was Catholic AND the marriage was VALIDATED in the Church after an earlier wedding elsewhere, please answer the questions in this box and use form **T101 PQ-WV Petitioner Questionnaire – With Validation** to supply your testimony. If there was no validation, leave this box blank.

Date of Validation _____ Catholic Church _____
Address _____ City _____ State _____ ZIP _____
Age of the Petitioner at the time of the validation _____ Religion of the Petitioner at that time: _____
Age of the Respondent at the time of the validation _____ Religion of the Respondent at that time: _____

HISTORY OF RELATIONSHIP

Date Of Initial Meeting _____ Date Of First Date _____
Date Of Marriage Proposal _____ Date Of Formal Engagement _____
Names and birth dates (or adoption dates) of children _____

Dates of separation(s) _____
Date of divorce or dissolution (judgment entry filing date) _____ County _____ State _____ Case number _____

DOCUMENTS SUBMITTED: (Documents will be returned at the completion of the case.)

Documents must be originals or certified copies.

- ____ Original petition including the questionnaire used and petitioner’s replies (copy to be retained by the petitioner)
- ____ Baptismal certificate of petitioner (and respondent, if available)
- ____ Marriage License Application
- ____ Civil and/or ecclesiastical record/certificate of marriage (indicating names of parties, date, place, and officiant)
- ____ Certified final divorce decree (judgment entry)
- ____ Other (change of name, restraining orders, police reports, etc.)
- ____ A recent, non-returnable photograph of the parties, for purposes of identification (optional)
- ____ Witness list form(s) T-101W, giving witnesses from the friends and family of both the petitioner and respondent
- ____ Form T-101C, with details of possible professional witnesses
- ____ Cover Letter submitted by Procurator

Tribunal Use only

Competence: Canon 1672 01 02 03

I, the undersigned petitioner, a party to this marriage, request a declaration of invalidity of this marriage. I contend that this marriage is invalid under Church law for the following reasons:

(Explain above the reasons why you believe the marriage is not valid, giving briefly the facts which support this and the evidence which you will use to demonstrate your claim. Pages 1, 2 and 4 of this form will be copied and mailed to the respondent.)

I swear to the truthfulness of all information I have given. I pledge not to discuss with the witnesses the facts of this case or possible questions and answers. I understand that all information submitted will become solely the property of the Tribunal of the Diocese of Cleveland and that these proceedings are for church purposes only and have no civil effects in the United States.

Signature of petitioner _____ Date _____ ←

Petitioner's details:

Current legal name: Title _____ Last _____ First _____ Middle _____
 Maiden name if woman: _____ Present religion _____
 Street address _____
 City _____ State _____ ZIP _____
 Telephone (H) _____ (W) _____ ext. _____ (C) _____
 Occupation: _____ Place of employment _____
 Date of birth _____ City of birth _____ State of birth _____
 Father's Full Name _____ Religion _____
 Mother's Full Name _____ Maiden Name _____ Religion _____
 If deceased, dates of death of parents _____ Father: ____/____/____ _____ Mother: ____/____/____

Were you baptized? _____ Yes _____ No _____ Date _____ Age _____ Denomination _____
 Church name _____
 Address _____ City _____ State _____ ZIP _____
 If Non-Catholic Baptism, were you later received into the Catholic Church? _____ Yes _____ No _____ Date _____
 Church name _____ Address _____ City _____ State _____ ZIP _____

Please list in chronological order ALL of the marriages that you have entered, including 'common law,' from birth to the present date.

Name of spouse	Date	Place	Date of divorce, dissolution, or death of spouse
1 ST _____	_____	_____	_____
2 ND _____	_____	_____	_____
3 RD _____	_____	_____	_____

Is the petitioner seeking to be baptized or received into full communion with the Catholic Church ('RCIA')? _____ Yes _____ No _____
 Is the petitioner's current or intended spouse seeking to be baptized or received into full communion with the Catholic Church ('RCIA')? _____ Yes _____ No _____ N/A _____

I understand that a date for a wedding in the Catholic Church cannot be given to me by the pastor or any other parish personnel unless notice is given by the Diocese of Cleveland that I am free to marry in the Catholic Church. Initials of petitioner _____ ←
 I understand and accept that the submission of this document does not guarantee that my petition will be accepted and heard by the Tribunal of the Diocese of Cleveland. Initials of petitioner _____ ←

I mandate as procurator at first and all instances _____ to serve as my representative with the power of performing all useful and necessary acts before the Tribunal, including those requiring a special mandate.
 Signature of petitioner _____ Date _____ ←
 Name of procurator _____ Parish _____
 Address of parish _____ City _____ State _____ ZIP _____
 Telephone _____ ext. _____

I accept the above mandate as procurator for the petitioner.
 Signature of procurator _____ Date _____ ←

Please do not write in this space – for Tribunal use only

Previous Case: _____ Yes _____ No _____
 Conferring Cases: _____

CERTIFICATION OF DOCUMENTS:
 1. BAPTISMAL CERTIFICATE: _____ PET _____ RESP _____ BOTH _____
 2. MARRIAGE CERTIFICATE: _____ CHURCH _____ CIVIL _____ MLA _____
 3. DIVORCE DECREE _____
 4. PRE-NUPTIAL FILE _____
 5. OTHER _____
 Diocese of Marriage: CLE _____
 Diocese of Petitioner: CLE _____
 Diocese of Respondent: CLE _____

Notary _____ Date _____

Respondent's details:

If the complete address is unknown, Form T101-A is REQUIRED

Current legal name: Title _____ Last _____ First _____ Middle _____
 Maiden name if woman: _____ Present religion _____
 Street address _____
 City _____ State _____ ZIP _____
 Telephone (H) _____ (W) _____ ext. _____ (C) _____
 Occupation: _____ Place of employment _____
 Date of birth _____ City of birth _____ State of birth _____
 Father's Full Name _____ Religion _____
 Mother's Full Name _____ Maiden Name _____ Religion _____
 If deceased, dates of death of parents _____ Father: ____/____/____ _____ Mother: ____/____/____

Was he/she baptized? _____ Yes _____ No Date _____ Age _____ Denomination _____
 Church name _____
 Address _____ City _____ State _____ ZIP _____
 If Non-Catholic Baptism, were you later received into the Catholic Church? _____ Yes _____ No Date _____
 Church name _____ Address _____ City _____ State _____ ZIP _____

Please list in chronological order ALL of the marriages that he/she has entered, including 'common law,' from birth to the present date.

Name of spouse	Date	Place	Date of divorce, dissolution, or death of spouse
1 ST _____	_____	_____	_____
2 ND _____	_____	_____	_____
3 RD _____	_____	_____	_____

Is the respondent seeking to be baptized or received into full communion with the Catholic Church ('RCIA')? _____ Yes _____ No
 Is the respondent's current or intended spouse seeking to be baptized or received into full communion with the Catholic Church ('RCIA')? _____ Yes _____ No _____ N/A

If the respondent is joining in the filing of this petition, the respondent should complete the following sections:

I, the undersigned party to the marriage, join myself with this petition for a declaration of invalidity of this marriage. I believe that the marriage is invalid for the reasons given on page 2. I swear to the truthfulness of all information I have given. I pledge not to discuss with the witnesses the facts of this case or possible questions and answers. I understand that all information submitted will become solely the property of the Tribunal of the Diocese of Cleveland and that these proceedings are for church purposes only and have no civil effects in the United States.

Signature of respondent _____ Date _____

I understand that a date for a wedding in the Catholic Church cannot be given to me by the pastor or any other parish personnel unless notice is given by the Diocese of Cleveland that I am free to marry in the Catholic Church. Initials of respondent _____

I understand and accept that the submission of this document does not guarantee that my petition will be accepted and heard by the Tribunal of the Diocese of Cleveland. Initials of respondent _____

I mandate as procurator at first and all instances _____ to serve as my representative with the power of performing all useful and necessary acts before the Tribunal, including those requiring a special mandate.

Signature of procurator _____ Date _____

Name of procurator _____ Parish _____

Address of parish _____ City _____ State _____ ZIP _____

Telephone _____ ext. _____

I accept the above mandate as procurator for the respondent.

Signature of procurator _____ Date _____

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LIST OF WITNESSES SUPPORTING A FORMAL PETITION FOR DECLARATION OF INVALIDITY OF MARRIAGE

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Petitioner _____

Respondent _____

Be sure to name witnesses from among the friends or family of both the petitioner and the respondent.

 Title First name Last name
 Address _____
 City _____ State _____ ZIP _____
 Telephone number _____
 Relationship to party _____
(e.g. father of petitioner; mother of respondent; respondent's brother's wife; neighbor of both, etc.)
 Have you contacted this witness about testifying in this case? Is the witness willing to testify?

 About which aspects of the relationship would the witness be able to testify?

 Title First name Last name
 Address _____
 City _____ State _____ ZIP _____
 Telephone number _____
 Relationship to party _____
(e.g. father of petitioner; mother of respondent; respondent's brother's wife; neighbor of both, etc.)
 Have you contacted this witness about testifying in this case? Is the witness willing to testify?

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(e.g. father of petitioner; mother of respondent; respondent's brother's wife; neighbor of both, etc.)

Have you contacted this witness about testifying in this case? Is the witness willing to testify?

 About which aspects of the relationship would the witness be able to testify?

 Title First name Last name

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City _____ State _____ ZIP _____

Telephone number _____

Relationship to party _____
(e.g. father of petitioner; mother of respondent; respondent's brother's wife; neighbor of both, etc.)

Have you contacted this witness about testifying in this case? Is the witness willing to testify?

 About which aspects of the relationship would the witness be able to testify?

 Title First name Last name

Address _____

City _____ State _____ ZIP _____

Telephone number _____

Relationship to party _____
(e.g. father of petitioner; mother of respondent; respondent's brother's wife; neighbor of both, etc.)

Have you contacted this witness about testifying in this case? Is the witness willing to testify?

 About which aspects of the relationship would the witness be able to testify?

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PROFESSIONAL WITNESSES SUPPORTING A FORMAL PETITION FOR DECLARATION OF INVALIDITY OF MARRIAGE

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Petitioner _____

Respondent _____

The Petitioner:

Have you ever received any counseling, therapy or psychological treatment?

_____ Yes _____ No

If yes, please list the name of the counselor and/or the agency, the complete address, and the dates seen.

Name	Address	Dates

Did you see the above-named counselor(s) individually or in conjunction with your divorced spouse?

_____ Individually _____ Together

What, if any, diagnosis was given?

Regarding the Respondent:

Has your divorced spouse ever received any counseling, therapy or psychological treatment?

_____ Yes _____ No

If yes, please list the name of the counselor and/or the agency, the complete address, and the dates seen.

Name	Address	Dates

What, if any, diagnosis was given?

If it seems useful to your case, you may be asked to sign a release form so the Tribunal may write to request the records. Would you be willing to sign such a form if asked by the Tribunal?

_____ Yes _____ No _____ N/A