



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

No. _____

PETITION FOR DECLARATION OF INVALIDITY OF MARRIAGE ON THE GROUNDS OF LACK OF FORM

Petitioner (the party petitioning)

Respondent (the former 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

DATE OF MARRIAGE _____ OFFICIANT (NAME and TITLE) _____ Minister _____ Judge _____

PLACE OF MARRIAGE (CHURCH / COURT HOUSE / RESIDENCE) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

WAS ANY DISPENSATION OR PERMISSION RECEIVED FROM A PRIEST OR DIOCESE? _____

WAS THE MARRIAGE EVER CONVALIDATED BY THE CATHOLIC CHURCH? ____ YES ____ NO

DATE _____ CHURCH OF CONVALIDATION _____

ADDRESS _____ CITY _____ STATE _____

NAMES AND BIRTH DATES (OR ADOPTION DATES) OF CHILDREN OF THIS MARRIAGE: _____

DATES OF SEPARATION(S): _____

DIVORCE: FILING DATE: _____ COUNTY _____ STATE _____ CASE NUMBER _____

I, the undersigned Petitioner, ask for a Declaration of Invalidity of this marriage. I swear to the truthfulness of all information given and the authenticity of the documents submitted. I understand that all information submitted will become the property of the Tribunal. I also understand that a date for another marriage in the Catholic Church cannot be set until a final Statement of Invalidity is given. I herewith submit \$50 for Court costs.

Signature of petitioner _____ Date _____

Signature of procurator _____ Date _____

{Parish Seal }

Procurator - Please Print Full Name and Title

Church

Address

City State Zip

() Phone

PETITIONER (the party petitioning)

CURRENT LEGAL NAME: LAST _____ FIRST _____ MIDDLE _____

MAIDEN NAME IF WOMAN: _____ PRESENT RELIGION _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (H) _____ (W) _____ EXT. _____ (CELL) _____

OCCUPATION: _____ PLACE OF EMPLOYMENT _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

DATE AND PLACE OF ALL BAPTISMS or PROFESSION OF FAITH IN THE CATHOLIC CHURCH:

_____	_____	_____	_____
Date	Church Name & Address	City/State	Denomination

_____	_____	_____	_____
Date	Church Name & Address	City/State	Denomination

FATHER'S FULL NAME _____ RELIGION _____

MOTHER'S FULL NAME _____ MAIDEN NAME _____ RELIGION _____

IF DECEASED, DATES OF DEATH OF: FATHER _____ MOTHER: _____

LIST IN CHRONOLOGICAL ORDER ALL MARRIAGES INTO WHICH YOU ENTERED INCLUDING "COMMON LAW":

_____	_____	_____
To Whom	Date	Place

_____	_____	_____
To Whom	Date	Place

INFORMATION ABOUT THE OTHER PARTY (Former spouse)

CURRENT LEGAL NAME: LAST _____ FIRST _____ MIDDLE _____

MAIDEN NAME IF WOMAN: _____ PRESENT RELIGION _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (H) _____ (W) _____ EXT. _____ (CELL) _____

OCCUPATION: _____ PLACE OF EMPLOYMENT _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

DATE AND PLACE OF ALL BAPTISMS or PROFESSION OF FAITH IN THE CATHOLIC CHURCH:

_____	_____	_____	_____
Date	Church Name & Address	City/State	Denomination

_____	_____	_____	_____
Date	Church Name & Address	City/State	Denomination

FATHER'S FULL NAME _____ RELIGION _____

MOTHER'S FULL NAME _____ MAIDEN NAME _____ RELIGION _____

IF DECEASED, DATES OF DEATH OF: FATHER _____ MOTHER: _____

LIST IN CHRONOLOGICAL ORDER ALL MARRIAGES INTO WHICH YOUR FORMER SPOUSE ENTERED INCLUDING "COMMON LAW":

_____	_____	_____
To Whom	Date	Place

_____	_____	_____
To Whom	Date	Place

1.) If no baptismal record for the Catholic party is submitted, please explain why. Then supply this information: Date and place of baptism, name of the church, names and addresses of the sponsors or other witnesses to the baptism.

2. Do you have custody of the children of this marriage? _____

3. Are the children baptized as Catholics? _____

4. Are they being reared as Catholics? _____

5. Why was this marriage celebrated before a judge or minister? _____

6. What were your main problems and complaints? Were they justified? _____

7. What were your spouse's main problems and complaints? Were they justified? _____

8. Have you married again? NO YES If yes, to whom? _____
Circle one First Middle Last (Maiden if woman)

9. If you intend to marry again, do you know to whom? _____
First Middle Last (Maiden if woman)

Has this person ever been married before? NO YES
Circle

If so, to WHOM and WHEN? _____
First Middle Last (Maiden if woman) Date

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

Documents must be originals or certified copies.

- () Original petition (copy to be retained by the petitioner)
- () Baptismal certificates for Catholic party(ies) - **must be issued within the last six months**
- () Marriage license application
- () Marriage Record - this is the civil of marriage (indicating names of parties, date, place, and person performing the ceremony)
- () Certified final divorce decree (judgment entry)
- () Other (change of name)

Additional Notations pertaining to any of the above item:

Please do not write in this space – for Tribunal use only	
Previous Case ____ Yes ____ No	Filing Fee _____
Dispensation: ____ Yes ____ No	CERTIFICATION OF DOCUMENTS:
Conferring Cases:	1. BAPT. CERTIFICATE: ____ PET ____ RESP ____ BOTH
	2. MARRIAGE CERTIFICATE: ____ CIVIL ____ MLA
	3. DIVORCE DECREE
	4. OTHER _____
NOTARY _____	DATE _____

MARRIAGE DECLARED INVALID BY REASON OF LACK OF FORM

On the _____ Day of _____ 20____

at the Diocesan Tribunal, Cleveland, Ohio

Delegate

Notary