

# 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 PROVIDE THE FOLLOWING INFORMATION. (Please type or print in ink.)

**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 \_\_\_\_\_

**MARITAL INFORMATION:**

DATE OF MARRIAGE \_\_\_\_\_ OFFICIANT (NAME AND TITLE) \_\_\_\_\_

PLACE OF MARRIAGE (CHURCH / COURT HOUSE / RESIDENCE) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY / STATE / ZIP / COUNTY \_\_\_\_\_

**IF EITHER Party is Catholic AND the Marriage was VALIDATED in the Church at some point in time, please answer the questions in this box and use FORM T101 PQ-WV Petitioner Questionnaire - With Validation to supply your testimony.**

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) \_\_\_\_\_

FILING DATE OF DIVORCE \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ CASE NUMBER \_\_\_\_\_

*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 (1983 Code of Canon Law) on the basis of:*

- incapacity to give consent to marriage (canon 1095);
- defective consent or a lack of knowledge concerning marriage itself or the other party (canons 1096-1098);
- lack of freedom to give consent to marriage or lack of the intention to consent to marriage (canons 1101-1103).

I swear to the truthfulness of all information I have given. I pledge not to discuss with the witnesses or my former spouse 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 whatsoever.

Signature of petitioner \_\_\_\_\_ Date \_\_\_\_\_  
 (Sign here and Page 2)

Signature of procurator \_\_\_\_\_ Date \_\_\_\_\_  
 (Sign here and Page 2)

PARISH SEAL

FOR TRIBUNAL USE ONLY  
 COMPETENCE: CANON 1673 1° 2° 3° 4°

**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 \_\_\_\_\_ CITY OF BIRTH \_\_\_\_\_ STATE OF BIRTH \_\_\_\_\_  
FATHER'S FULL NAME AND RELIGION \_\_\_\_\_  
MOTHER'S FULL NAME AND RELIGION \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_  
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, DID YOU MAKE A PROFESSION OF FAITH IN 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".**

| NAME OF SPOUSE        | DATE  | PLACE | DATE OF DIVORCE, DISSOLUTION, OR DEATH OF SPOUSE |
|-----------------------|-------|-------|--|
| 1 <sup>ST</sup> _____ | _____ | _____ | _____  |
| 2 <sup>ND</sup> _____ | _____ | _____ | _____  |
| 3 <sup>RD</sup> _____ | _____ | _____ | _____  |

ARE YOU INVOLVED IN RCIA? \_\_\_ YES \_\_\_ NO IS YOUR CURRENT/INTENDED SPOUSE INVOLVED IN 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 that a fee is charged to cover a portion of the court costs. I acknowledge that I alone am responsible for all case related fees. My ability to pay will not affect the processing of the petition. 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 for the 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. \_\_\_\_\_

Signature of procurator \_\_\_\_\_ Date \_\_\_\_\_

**RESPONDENT (the former spouse)**

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

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 \_\_\_\_\_  
 FATHER'S FULL NAME AND RELIGION \_\_\_\_\_  
 MOTHER'S FULL NAME AND RELIGION \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_  
 IF DECEASED, DATES OF DEATH OF PARENTS: Father: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mother: \_\_\_\_/\_\_\_\_/\_\_\_\_

BAPTIZED: YES NO DATE \_\_\_\_\_ AGE \_\_\_\_\_ DENOMINATION \_\_\_\_\_  
 CHURCHNAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 IF NON-CATHOLIC BAPTISM, DID YOU MAKE A PROFESSION OF FAITH IN THE CATHOLIC CHURCH? YES NO DATE \_\_\_\_\_  
 CHURCH NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Please list in chronological order ALL of the marriages that your former spouse has entered, including "common law".**

| NAME OF SPOUSE        | DATE  | PLACE | DATE OF DIVORCE, DISSOLUTION; OR DEATH OF SPOUSE |
|-----------------------|-------|-------|--|
| 1 <sup>ST</sup> _____ | _____ | _____ | _____  |
| 2 <sup>ND</sup> _____ | _____ | _____ | _____  |
| 3 <sup>RD</sup> _____ | _____ | _____ | _____  |

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 certificates for BOTH parties, if available
- ( ) Marriage license application
- ( ) Civil and/or ecclesiastical record/certificate of marriage (indicating names of parties, date, place, and person performing the ceremony)
- ( ) 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, would be helpful.
- ( ) Cover Letter submitted by Procurator

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

Previous Case

Yes No

Filing Fee \_\_\_\_\_

Conferring Cases:

**CERTIFICATION OF DOCUMENTS:**

1. BAPTISMAL CERTIFICATE: PET RESP BOTH
2. MARRIAGE CERTIFICATE: CIVIL CHURCH MLA
3. DIVORCE DECREE
4. PRE-NUPTIAL FILE
5. OTHER \_\_\_\_\_

Diocese of Marriage: CLE \_\_\_\_\_  
 Diocese of Petitioner: CLE \_\_\_\_\_  
 Diocese of Respondent: CLE \_\_\_\_\_

NOTARY \_\_\_\_\_ DATE \_\_\_\_\_

