

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

No. _____

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 _____
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 _____ PLACE OF BIRTH _____
FATHER'S FULL NAME AND RELIGION _____
MOTHER'S FULL NAME AND RELIGION _____ MAIDEN NAME _____
IF DECEASED, DATES OF DEATH OF PARENTS _____

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 ST _____	_____	_____	_____
2 ND _____	_____	_____	_____
3 RD _____	_____	_____	_____

ARE YOU INVOLVED IN RCIA ___ YES ___ NO IS YOUR CURRENT/INTENDED SPOUSE INVOLVED IN RCIA ___ YES ___ NO

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 _____

BAPTIZED ___ YES ___ NO DATE _____ AGE _____ DENOMINATION _____
 CHURCH NAME _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 IF NON-CATHOLIC BAPTISM, DID HE/SHE 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 ST _____	_____	_____	_____
2 ND _____	_____	_____	_____
3 RD _____	_____	_____	_____

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 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. BAPT. CERTIFICATE: ___ PET ___ RESP ___ BOTH
2. MARRIAGE CERTIFICATE: ___ CIVIL ___ CHURCH ___ MLA
3. DIVORCE DECREE
4. PRE-NUPTIAL FILE
5. OTHER _____

NOTARY _____

DATE _____

