



Tribunal of the Diocese of Cleveland

1404 East Ninth Street
Cleveland, OH 44114

Tel: (216) 696-6525, ext. 4000
Toll-free: 1-800-676-4431, ext. 4000
Fax: 216-696-3226

To access the latest version of this form as a fillable PDF, please visit:
www.dioceseofcleveland.org/tribunal

Tribunal use only

No. _____

I, _____, request from the
(name of petitioner; maiden name, if a woman)
Diocese of Cleveland Tribunal an ecclesiastical declaration of
invalidity of my marriage to _____.
(name of respondent; maiden name, if a woman)

We married on _____ at _____,
(date of wedding) (place of wedding)
_____. Our life
(address)

together ended on or around _____.
(date of last living together as husband and wife)

Our civil marriage was dissolved on _____.
(date of civil divorce or dissolution)

I believe our marriage was invalid according to the laws of the
Catholic Church because:

Petitioner age at wedding: _____
Petitioner religion at wedding: _____

Respondent age at wedding: _____
Respondent religion at wedding: _____

Dates, at least approximate

We first met: _____
We began to date: _____
We got engaged: _____
We first lived together: _____

(if applicable) Non-Catholic wedding
Date: _____
Officiant: _____
Place: _____

Names and dates of birth and/or
adoption of children:

Divorce county: _____
State: _____ Number: _____

(A copy of this page will be mailed to the respondent.)

I swear to the truthfulness of all information I have given. I have not and will not
discuss with the witnesses their answers regarding this case.

Signature

Date

Tribunal use only. Competence:
canon 1672, 1° 2°(P) 2°(R) 3°

Current legal name: Title: _____ First: _____ Middle: _____ Last: _____

Maiden name if woman: _____ Current 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 attempted, including 'common law,' from birth to the present date.

Name of spouse	Date	Place	Result e.g. death, divorce	Date
1 st _____	_____	_____	_____	_____
2 nd _____	_____	_____	_____	_____
3 rd _____	_____	_____	_____	_____
4 th _____	_____	_____	_____	_____

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 communion with the Catholic Church ('RCIA')? Yes: _____ No: _____ N/A: _____

Tribunal use only

Previous Case: Yes: _____ No: _____

Conferring Cases: _____

Notary: _____ Date: _____

Certification of documents:

1. Baptismal certificate: P: _____ R: _____ 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 / _____

Current legal name: Title: _____ First: _____ Middle: _____ Last: _____

Maiden name if woman: _____ Current 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, was he/she 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 attempted, including 'common law,' from birth to the present date.

Name of spouse	Date	Place	Result e.g. death, divorce	Date
1 st _____	_____	_____	_____	_____
2 nd _____	_____	_____	_____	_____
3 rd _____	_____	_____	_____	_____
4 th _____	_____	_____	_____	_____

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 communion with the Catholic Church ('RCIA')? Yes _____ No _____ N/A _____

If the respondent is joining with the petition:

I, the undersigned respondent, have read the reasons given by the petitioner for the invalidity of our marriage, and I agree with those reasons. I wish to be joined with this petition.

_____ Date _____

Signed

Optional:
I appoint my Case Specialist _____ as my 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.

No. _____

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

1.
Title: _____ First name: _____ Surname: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone number: _____
Relationship: _____ to petitioner _____ / respondent _____
Languages understood, if not English: _____
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?

2.
Title: _____ First name: _____ Surname: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone number: _____
Relationship: _____ to petitioner _____ / respondent _____
Languages understood, if not English: _____
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?

3.
Title: _____ First name: _____ Surname: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone number: _____
Relationship: _____ to petitioner _____ / respondent _____
Languages understood, if not English: _____
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?

4.
Title: _____ First name: _____ Surname: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone number: _____
Relationship: _____ to petitioner _____ / respondent _____
Languages understood, if not English: _____
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?

5.
Title: _____ First name: _____ Surname: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone number: _____
Relationship: _____ to petitioner _____ / respondent _____
Languages understood, if not English: _____
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?

6.
Title: _____ First name: _____ Surname: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone number: _____
Relationship: _____ to petitioner _____ / respondent _____
Languages understood, if not English: _____
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?

No. _____

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

7.
Title: _____ First name: _____ Surname: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone number: _____
Relationship: _____ to petitioner _____ / respondent _____
Languages understood, if not English: _____
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?

8.
Title: _____ First name: _____ Surname: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone number: _____
Relationship: _____ to petitioner _____ / respondent _____
Languages understood, if not English: _____
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?

9.
Title: _____ First name: _____ Surname: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone number: _____
Relationship: _____ to petitioner _____ / respondent _____
Languages understood, if not English: _____
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?

10.
Title: _____ First name: _____ Surname: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone number: _____
Relationship: _____ to petitioner _____ / respondent _____
Languages understood, if not English: _____
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?

11.
Title: _____ First name: _____ Surname: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone number: _____
Relationship: _____ to petitioner _____ / respondent _____
Languages understood, if not English: _____
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?

12.
Title: _____ First name: _____ Surname: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone number: _____
Relationship: _____ to petitioner _____ / respondent _____
Languages understood, if not English: _____
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?

No. _____

The Petitioner

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

Yes: _____ No: _____

If yes, please provide the following details:

Name	Address	Dates	Individual / joint with spouse
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

What diagnosis was given, if any?

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: _____

The Respondent

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

Yes: _____ No: _____

If yes, please provide the following details:

Name	Address	Dates	Individual / joint with spouse
F. _____	_____	_____	_____
G. _____	_____	_____	_____
H. _____	_____	_____	_____
I. _____	_____	_____	_____
J. _____	_____	_____	_____

What diagnosis was given, if any?

The purpose of this page is to ensure that you, the petitioner, understand your rights when you ask for your marriage to be declared invalid. If you have any questions about anything mentioned on this form, or anything else related to your petition, you can ask your Case Specialist or call the Tribunal. Your Case Specialist will give you a copy of this page for your reference.

Initial next to each statement to indicate that you understand it

- ✘ A petition for declaration of invalidity of marriage is a request to investigate the circumstances surrounding a marriage in order to demonstrate that the marriage was not valid from the beginning. It is not an evaluation of the reasons for the breakup, or who was at fault, or whether or not I should be allowed to marry again. _____
- ✘ These proceedings are for Church purposes only and have no civil effects in the United States. _____
- ✘ The Catholic Church recognizes my marriage to be valid unless and until the contrary is proven. Therefore nobody, not even a priest, can discuss a future wedding date or begin preparation for a future marriage unless I am free to marry. _____
- ✘ The investigation and decision will be based on the evidence available to the Tribunal. It is possible that my marriage might not be found invalid. _____
- ✘ I have the right to adequate canonical assistance. If I believe I need additional assistance at any time, I will contact the tribunal. _____
- ✘ All information submitted becomes the property of the Tribunal of the Diocese of Cleveland. Later in the case, I will have the right to review the testimony under confidential conditions. The respondent will have the same right. _____

I appoint my Case Specialist _____ as my 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.

Signed: _____ Date: _____

I accept this mandate appointing me as Case Specialist and procurator for the petitioner.

Sign: _____ Date: _____ Parish: _____

Address: _____ Phone: _____ ext.: _____

Optional

Your Case Specialist is trained to support and assist you throughout the case, from preparation of the petition through the final decision. *If you wish*, you can authorize the Tribunal to allow another priest, deacon or lay minister to access information regarding your case.

I authorize the Tribunal to communicate information regarding my case to _____ of _____ parish, in the city of _____, telephone _____ ext. _____.



Tribunal of the Diocese of Cleveland
1404 East Ninth Street
Cleveland, OH 44114

Tel: (216) 696-6525, ext. 4000
Toll-free: 1-800-676-4431, ext. 4000
Fax: 216-696-3226

To access the latest version of this form as a fillable PDF, please visit:

www.dioceseofcleveland.org/tribunal