



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
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.

Signature of petitioner Date

Signature of procurator Date

Procurator - Please Print Full Name and Title

Church

Address

City State Zip

() - Phone

{Parish Seal }

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? If yes, to whom? _____
 No Yes 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

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

Dispensation: ____ Yes ____ No

Conferring Cases:

CERTIFICATION OF DOCUMENTS:

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