



Secretariat for Canonical Services

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

Secretariat use only

No. _____

PETITION FOR DECLARATION OF INVALIDITY OF MARRIAGE DUE TO LACK OF CANONICAL FORM

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

I, _____, request from the Diocese of Cleveland an administrative declaration of invalidity of my marriage to _____ due to a complete absence of the canonical form of marriage.

We married on _____ at _____, _____.

The officiant was _____ a _____.

We did not marry in the Catholic Church because _____

Our life together ended on or around _____

Our civil marriage was dissolved on _____ in _____ County, _____, number _____.

Document checklist:

- Baptism certificates for Catholic party(ies) issued within the last six months
Marriage License Application Issuing County:
Civil marriage record indicating names of parties, date, place, and person performing the ceremony
Certified final divorce decree (judgment entry)
Other (e.g. change of name)

I swear to the truthfulness of all information I have given.

Signature

Date

My religion at wedding:

Other spouse religion at wedding:

Was any kind of permission or dispensation received to marry outside of the Church?

Yes: ___ No: ___ Unknown: ___
if yes: Priest or diocese:

Was there any later Catholic wedding, marriage blessing, "validation," "convalidation" or sanation?

Yes: ___ No: ___ Unknown: ___

if yes: Date: _____

Church: _____

Address: _____

Priest/deacon : _____

Were any children born to you?

Yes: ___ No: ___ if yes:

How are you fulfilling your obligations to them? _____

Name of the minister submitting the petition: _____ Parish: _____

Address: _____ Telephone: _____ Signature: _____

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 _____				

Secretariat use only:

Previous Case: Yes: _____ No: _____
 Dispensation: Yes: _____ No: _____
 Conferring Cases: _____

Certification of documents:
 1. Baptismal certificate: P: _____ R: _____ Both: _____
 2. Marriage certificate: Church: _____ Civil: _____ MLA: _____
 3. Divorce decree County: _____
 4. Other _____

Notary: _____ Date: _____

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	_____	_____	_____	_____



Secretariat for Canonical Services
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

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 priest, deacon or pastoral minister, or call the Secretariat for Canonical Services. Your priest, deacon or pastoral minister 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 a 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 promise a wedding date unless and until I am free to marry. _____
- ✘ The decision will be based on the evidence available to the Secretariat for Canonical Services. 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 Secretariat for Canonical Services. _____
- ✘ All information submitted becomes the property of the Secretariat for Canonical Services of the Diocese of Cleveland. _____

Signed: _____ Date: _____



**Secretariat for Canonical Services
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