



OFFICE OF THE TRIBUNAL  
DIOCESE OF ERIE  
429 East Grandview Boulevard  
Erie, PA 16504-2603

814-824-1140 Fax 814-824-1181

**PAULINE PRIVILEGE  
PETITIONER-RESPONDENT QUESTIONNAIRE**

**Concerning the marriage of:** \_\_\_\_\_ **and** \_\_\_\_\_

1. Full Name of Husband \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

2. Full Name of Wife (including Maiden) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

3. When and where were you married? (Please give COMPLETE information.)

Date \_\_\_\_\_ Place (Church) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. How many children were born of this marriage? \_\_\_\_\_

5. Please state the name and date of birth for each child (use back of this sheet if necessary).

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

6. Were any of your children baptized? If yes, please state the child's name, church of baptism and date of baptism.

Name \_\_\_\_\_ Date of Baptism \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Date of Baptism \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Date of Baptism \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Date of Baptism \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. When did you finally separate from your former spouse? \_\_\_\_\_

8. Date when was the civil divorce decree was issued? \_\_\_\_\_

9. What was the reason for the break-up of your marriage? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Were you baptized either before or during the time of your marriage to your former spouse? \_\_\_\_\_

If no, please explain why:

\_\_\_\_\_

\_\_\_\_\_

11. If you were baptized either before or during the marriage in question, please give the following information:

Date of Your Baptism \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

12. Were you baptized after the break-up of the marriage? \_\_\_\_\_ If yes, please give the following information:

Date of Baptism \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

13. What was the religion of your father? \_\_\_\_\_

14. How actively did he practice his religion? \_\_\_\_\_

\_\_\_\_\_

15. What was the religion of your mother? \_\_\_\_\_

16. How actively did she practice her religion? \_\_\_\_\_

\_\_\_\_\_

17. What churches did your parents attend?

Name/Denomination \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Years parents attended this church \_\_\_\_\_

Name/Denomination \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Years parents attended this church \_\_\_\_\_

18. Please list the following information about your siblings. (Use other side of paper if needed for additional siblings.)

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

19. Were any of your siblings baptized? If yes, please give the following information: (Use other side of paper if needed for additional siblings.)

Name \_\_\_\_\_ Age \_\_\_\_\_ Denomination \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Denomination \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Denomination \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

20. Please list the name and complete address of any church with which you and your family were affiliated at any time before or during the marriage in question. (Use other side to list additional Churches.)

Name of Church \_\_\_\_\_ How often attended \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Church \_\_\_\_\_ How often attended \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

21. Was your former spouse baptized either before or during the time of your marriage? \_\_\_\_\_  
If no, please explain why:

\_\_\_\_\_  
\_\_\_\_\_

22. Please list the name and complete address of any church with which your former spouse and his/her family were affiliated at any time before or during the marriage in question. (Use other side to list additional Churches.)

Name of Church \_\_\_\_\_ How often attended \_\_\_\_\_  
 Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name of Church \_\_\_\_\_ How often attended \_\_\_\_\_  
 Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

23. If your former spouse was baptized after the break-up of the marriage in question, please give the following information:

Date of his/her Baptism: \_\_\_\_\_  
 Church Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

24. Please provide the name and address of two persons who can verify your baptismal status prior to, during, and after the marriage in question.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

25. Please provide the name and address of two persons who can verify the baptismal status of your former spouse prior to, during, and after the marriage in question

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

26. Do you have any desire to reestablish a marital relationship with your former spouse? \_\_\_\_\_

Please explain why:

\_\_\_\_\_  
 \_\_\_\_\_

27. Does your former spouse have any desire to reestablish a marital relationship with you? \_\_\_\_\_

Please explain why:

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28. Do you attest that you have answered these questions truthfully, to the best of your knowledge?

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Signature

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Signature of Priest/Auditor

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Date

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Name of Church - City/State

Church Seal