



DIOCESE OF ERIE  
Office of Matrimonial Concerns  
429 East Grandview Boulevard  
Erie, Pennsylvania 16504-2603  
Phone (814) 824-1140

PETITION FOR DECREE OF NULLITY  
IN LACK OF CANONICAL FORM CASES

*This form is to be completed by the Priest/Parish Minister, not the Petitioner. It is very important that you provide all of the information for both parties.*

PETITIONER

RESPONDENT

_____	Full Name	_____
_____	Present Address	_____
_____		_____
_____	Address at time of Marriage	_____
_____		_____
_____	Telephone	_____
_____	Date of Birth	_____
_____	Religion	_____
_____	Date/Place of Communion	_____
_____	Date/Place of Confirmation	_____
_____	Father's Name	_____
_____	Present Address	_____
_____		_____
_____	Father's Religion	_____
_____	Mother's Maiden Name	_____
_____	Mother's Present Name	_____
_____	Mother's Address	_____
_____		_____
_____	Mother's Religion	_____

*If the Respondent's present address and telephone number are unknown, please indicate the present address and telephone number of someone through whom contact can be made.*

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (State) (Zip)

### MARRIAGE IN QUESTION

#### PLACE

Church/Place \_\_\_\_\_ Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Minister or Official \_\_\_\_\_

Minister or Official's Title \_\_\_\_\_

#### DIVORCE

Date \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Was this marriage ever rectified (blessed/convalidated/Radical Sanation) by a Catholic priest/deacon or Orthodox priest? \_\_\_\_\_

Why not? \_\_\_\_\_

\_\_\_\_\_

Did you ever approach a Catholic priest about your marriage? \_\_\_\_\_

Who? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_

Was permission ever granted by the Catholic Church for the marriage to be celebrated by someone other than a Catholic priest/deacon? (Dispensation from Form) \_\_\_\_\_

How many children were born of this union? \_\_\_\_\_

How are you fulfilling the obligations you have in justice toward your former spouse and/or children (child support, alimony, other)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the places you lived from the time of the marriage to the civil divorce:

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_ to \_\_\_\_\_

### CHURCH AFFILIATION

Did the above Catholic party/ies ever formally join any other Church either by Baptism, Profession of Faith or any formal ceremony of reception?

YES \_\_\_\_\_

NO \_\_\_\_\_

Did the above Catholic party/ies ever formally reject the Catholic Church?

YES \_\_\_\_\_

NO \_\_\_\_\_

If the responses to the above questions are "YES", please give the following information:

Name of Denomination \_\_\_\_\_

Address of Church \_\_\_\_\_

When? \_\_\_\_\_

What was the actual practice of that Faith? (Please answer in detail.)

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

When completed, this form must be submitted with the following:

\_\_\_\_\_ A certified and sealed copy of the marriage license application and record;

\_\_\_\_\_ A certified and sealed copy of the final decree of dissolution;

\_\_\_\_\_ A baptismal certificate for the Catholic party issued within the past six months;

\_\_\_\_\_ Two MB forms;

IF THE MARRIAGE IN QUESTION TOOK PLACE BEFORE JANUARY 1, 1949 AUTHENTIC COPIES OF FIRST COMMUNION AND CONFIRMATION CERTIFICATES MUST BE SUBMITTED. IF THESE CERTIFICATES ARE NOT AVAILABLE, PLEASE CONTACT THE TRIBUNAL FOR FURTHER ASSISTANCE.

NO PREPARATION FOR A PROSPECTIVE MARRIAGE SHOULD BE MADE UNTIL THE DECLARATION OF NULLITY IS ISSUED.

### PETITIONER'S OATH

I, the undersigned, do hereby attest that the foregoing information, to the best of my knowledge, is the whole truth. I further attest that the marriage was never rectified (blessed/convalidated) according to the laws of the Catholic Church nor entered into with a dispensation from the Canonical Form. So help me, God.

\_\_\_\_\_  
*Signature of Petitioner*

\_\_\_\_\_  
*Signature of Priest/ Deacon*

Given at: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
**FOR USE OF OFFICE OF MATRIMONIAL CONCERNS ONLY**

Decision: \_\_\_\_\_ Defender of the Bond \_\_\_\_\_

Date: \_\_\_\_\_ P.N. \_\_\_\_\_

Baptism: \_\_\_\_\_  
Church: \_\_\_\_\_ Date: \_\_\_\_\_

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

Divorce: \_\_\_\_\_  
Court: \_\_\_\_\_ Date: \_\_\_\_\_

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