



LACK OF CANONICAL FORM - APPLICATION FORM

PETITIONER

First name: _____
Middle name: _____
Current last name: _____
Maiden name: _____
Address: _____
City, State, ZIP: _____
Parish: _____
Date of birth: _____
Phone: _____
Email: _____
Religion at time of marriage: _____

RESPONDENT

First name: _____
Middle name: _____
Current last name: _____
Maiden name: _____
Address: _____
City, State, ZIP: _____
Parish: _____
Date of birth: _____
Phone: _____
Email: _____
Religion at time of marriage: _____

WEDDING

Date: _____
City: _____
State: _____
Venue: _____
Was it a military Chapel? Yes No
Officiant: Civil Official Licensed Minister
 Other: _____

DIVORCE

Date: _____
City: _____
County: _____
State: _____

LOCATIONS

List all locations where you lived as husband and wife.

| Years | City, State |
|-------|-------------|
| | |
| | |
| | |
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| | |

For Chancery use:

Date Received:

Protocol #:

REQUIRED DOCUMENTS ATTACHED

- Catholic party's baptismal certificate or profession of faith (issued within last six months)
- Marriage certificate (original or certified copy)
- Final divorce decree (including date and judge's signature; original or certified copy) **ACKNOWLEDGEMENT**

AND AGREEMENT

- I acknowledge that the Tribunal does not guarantee a certain date to answer to this application.
- I will not set a definite date for a new wedding until I receive a final decision in writing.
- I will assist the Tribunal in obtaining further information or documents.
- I waive now and in perpetuity without reservation or condition any right under civil law to subpoena or judicial discovery of the testimonial or documentary acts of this case.

OATH

I swear that, to the best of my knowledge,

- the respondent and I did not obtain a dispensation of the canonical form.
- the marriage was not celebrated in the required canonical form.
- the marriage was not convalidated or sanated afterwards.

PETITION

I respectfully petition the ecclesiastical authority to declare that the wedding referenced above was not celebrated in the required canonical form and, therefore, cannot be considered valid.

Signature of Petitioner

Signature of Priest/Deacon/Advocate

Printed name

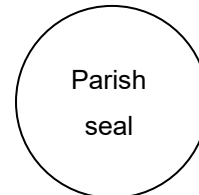
Printed name and title

Date

Cell Phone number

Parish name

Date



IMPORTANT NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED