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| **Tribunal** | **11 North B Street, Pensacola, FL 32502** | | | | **(850) 435-3549** | | | **tribunal@ptdiocese.org** | |
| **Petition for Declaration of Nullity** | | | | | | | | |
| I do hereby petition the Marriage Tribunal of the Diocese of Pensacola-Tallahassee to declare the nullity of the marriage between | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (*the undersigned petitioner*) | | | | and | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  (*the respondent)* | | |
| In consultation with my advocate, I believe this marriage to be invalid based on the following grounds: *(see the canons and reasons listed on the Advocate Brief)* | | | | | | | | |
| Canon #: \_\_\_\_\_\_ | | Reason: | | | | | | |
| This case is not reserved to the Holy See, and the Diocese of Pensacola-Tallahassee is competent to accept this case because:  □ We were married in the territory of the Diocese of Pensacola-Tallahassee.  □ Either or both of us have (quasi-)domicile in the Diocese of Pensacola-Tallahassee.  □ Most of the proofs are gathered in the Diocese of Pensacola-Tallahassee.  As willing witnesses, I submit the names of the following individuals: | | | | | | | | |
| 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | 3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| I have provided the facts and proofs to support this petition according to the norms of the tribunal office, including the enclosed documents below. | | | | | | | | |

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| *Signature of Petitioner* Date | |  | *Signature of Advocate* Date | | | |
| Printed Name of Petitioner | | Printed Name of Advocate | | | |
|  | | | | | | Parish Name and City: | | |
| **Enclosures: (Check list)** | | | | | | |
| □ Mandate for Advocate  □ Preliminary Testimony (A-J)  □ Prior Spouse Report (HH) *if applicable*  □ Witness Information (K)  □ Acknowledgement (L)  □ Comprehensive Testimony | □ Baptism Record(s)  □ Certified Marriage License(s)  □ Certified Divorce Decree(s)  □ Medical/Psychological  Information (J6) *if applicable*  □ Death Certificate(s) *if applicable*  □ Advocate Brief | | |  | P A R I S H  S E A L | | |