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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Tribunal Office use only*** | |  | | | | | | | **Tribunal**  **11 North B Street**  **Pensacola, FL 32502**  **(850) 435-3549**  **tribunal@ptdiocese.org** | |
| **Petition for a Declaration of Marriage Nullity**  **LACK OF FORM** | | | | | | | | | | |
| ***If any of the spaces are left blank, the petition may be returned, and you will be asked to resubmit it.*** | | | | | | | | | | |
| **(Yourself)** | | | **Basic**  **Information** | | | | **(Your Ex-Spouse**) | | | |
| **Petitioner** | | | **Respondent or Co-Petitioner** | | | |
|  | | | Full Name (Current) | | | |  | | | |
|  | | | Other Name(s) or Woman’s Maiden Name | | | |  | | | |
|  | | | Current Address  (with Apartment #) | | | |  | | | |
|  | | | City and State | | | |  | | | |
|  | | | Zip Code | | | |  | | | |
|  | | | Daytime Phone | | | |  | | | |
|  | | | Email (optional) | | | |  | | | |
|  | | | Date of Birth (mm/dd/yyyy) | | | |  | | | |
|  | | | Place of Birth | | | |  | | | |
|  | | | Religion (denomination) at the time of the marriage | | | |  | | | |
|  | | | Date of Baptism (mm/dd/yyyy) | | | |  | | | |
|  | | | Parish of Baptism  and Denomination | | | |  | | | |
|  | | | Church Address  (for place of baptism or reception into the Catholic Church) | | | |  | | | |
|  | | | Father’s name | | | |  | | | |
|  | | | Father’s religion | | | |  | | | |
|  | | | Mother’s (maiden) name | | | |  | | | |
|  | | | Mother’s religion | | | |  | | | |
|  | | | | | | | | | | |
| **Statements regarding your marriage outside of the Catholic Church** | | | | | | | | | | |
| 1. a. Location of the wedding ceremony: (name of the location, city, and state) | | | | | | | | b. Date (mm/dd/yyyy) | | |
| 1. a. Title of Officiant: | Civil Official  □ | | Minister  □ | Rabbi  □ | Other: (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ | | | b. Name of Officiant: | | |
| 1. Dispensation –Was a dispensation or special permission granted by the diocesan bishop (or other Church authority) to have a non-Catholic marriage ceremony? | | | | | | | | Yes □ | | No □ |
| 1. Convalidation – Was your non-Catholic wedding ceremony ever validated, blessed, or officially recognized by Catholic clergy? | | | | | | | | Yes □ | | No □ |
| 1. Sanation – Did your non-Catholic wedding ceremony ever go through a radical sanation, which would validate the wedding according to the laws of the Catholic Church? | | | | | | | | Yes □ | | No □ |
| 1. Briefly state why one or both Catholic parties did not seek to have a Catholic wedding. | | | | | | | | | | |
| ***You must include the following documents for a Lack of Form:***   * *A certificate for Baptism (or Reception into Full Communion) for each Catholic party issued within the past 6 months.* * *A certified copy of the civil marriage license.* * *A certified copy of the divorce decree.* | | | | | | | | | | |
|  | | | | | | | | | | |
| **Petition** | | | | | | | | | | |
| I do hereby petition the Marriage Tribunal of the Diocese of Pensacola-Tallahassee  to declare the nullity of the marriage between | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | and | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | |
| (the undersigned petitioner) | | |  | | | (the respondent) | | | | |
| I have provided the facts and proofs to support this petition according to the norms of the tribunal office and the help of my Advocate\*, including the required documents. | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Signature of Petitioner\** Date | |  | *Signature of Advocate* Date | | | |
| Printed Name of Petitioner  \**By means of this signature, I freely appoint the above-named Advocate.* | | Printed Name of Advocate/ Parish & City | | | |
| *For Tribunal Office use only:*  □ Reviewed by Defender of the Bond \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Reviewed by Ecclesiastical Authority \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Decision: Affirmative/ Negative  *Notations:* | | | Date\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_  Prot #\_\_\_\_\_\_\_\_\_ | P A R I S H  S E A L |