DIOCESE OF BEAUMONT

Email: tribunal@dioceseofbmt.org
P (409) 924-4319

PAULINE PRIVILEGE PETITION

Please Type or Print

PETITIONER INFORMATION (Yourself) ☐ Mr. ☐Mrs. ☐ Ms. ☐ Dr. ☐Other _____ ☐Male ☐Female

Name: _____
First Name Middle Name *Present* Last Name *If female*, Maiden Name

Address: _____ Home Phone: _____

City, State, Zip: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ City / State of Birth: _____

Have you ever been baptized, christened, or sprinkled in any of the Christian religions? _____

If so, indicate the approximate date: _____ Denomination: _____

Name of Church: _____ City/State: _____
(Submit a copy of the baptismal certificate, if applicable.)

Is it your intention to be baptized Christian/Catholic? _____

Are you currently enrolled in RCIA? _____ Or have completed instructions to become Catholic? _____

RESPONDENT INFORMATION (Your former spouse) ☐ Mr. ☐Mrs. ☐ Ms. ☐ Dr. ☐Other ___ ☐Male ☐Female

Name: _____
First Name Middle Name *Present* Last Name *If female*, Maiden Name

Address: _____ Home Phone: _____

City, State, Zip: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ City / State of Birth: _____

Has you former spouse ever been baptized, christened, or sprinkled in any of the Christian religions? _____

If so, indicate the approximate date _____ Denomination: _____

Name of Church: _____ City/State: _____

What religion did your former spouse practice at the time of the marriage? _____

Is it your former spouse's intention to be baptized Christian/Catholic? _____

THE FORMER MARRIAGE (Submit a certified copy of the civil marriage license.)

When did it take place? _____

Where did it take place? _____

Your age at the time of the marriage: _____ Respondent's age: _____

Had you or your former spouse been married before? _____

CIVIL DIVORCE (Submit a certified copy of the final decree of divorce.)

When was it granted? _____

Where did it take place? _____

Is it possible that you and your former spouse could be reconciled with each other? _____

CHILDREN OF THE MARRIAGE

Where any children born of this marriage? _____ If so, how many? _____

Who has custody of them? _____

Give the full names of the children and their baptismal information:

Name of Child	Church of Baptism	City, State	Date of Baptism/Birth

TELL US, IN YOUR OWN WORDS, why you feel this marriage did not work out.

_____

_____

_____

YOUR RELIGIOUS UPBRINGING

Did your father actively practice any religion? _____ If so, which one? _____

Did he ever express strong beliefs, either way, regarding having children baptized and/or regarding their religious choice?

_____

Did your mother actively practice any religion? _____ If so, which one? _____

Did she ever express strong beliefs, either way, regarding having children baptized and/or regarding their religious choice?

_____

As best as you can, describe your parents' feelings about religious choice for their children. If your parents or guardians chose not to have you baptized, indicate their reasons, if you know them.

____

____

If you have any sisters or brothers, were they baptized in any faith during their younger years? ____________________

Were you ever under the care of others (grandparents, aunts or uncles, older sisters or brothers)? ____________________

a) If you were, indicate your age then: ____________________

b) List the name and address of these guardians:

____

____

c) What was the religious preference of these guardians? ____________________

Did you ever attend any church or Sunday School? ___________ If so, indicate the name of the church, the address, city and state and the years of attendance.

____

____

WITNESSES FOR THE PETITIONER (Yourself)

List the names and addresses of parents, brothers, sisters or other relatives who would be willing to answer some questions concerning your baptismal status. Please ask for their permission before you list their names. You must submit at least three people.

☐Mr. ☐Mrs. ☐Ms. ☐Dr. ☐Other_____ Phone: Home: ( )______________ Work: ( ) ________________

Name ____ Email: ____________________
First Name Middle Name Last Name

Address ________________________ City/State/Zip ____________________

Year this witness met you? ____________________ Relationship ____________________

☐Mr. ☐Mrs. ☐Ms. ☐Dr. ☐Other_____ Phone: Home: ( )______________ Work: ( ) ________________

Name ____ Email: ____________________
First Name Middle Name Last Name

Address ________________________ City/State/Zip ____________________

Year this witness met you? ____________________ Relationship ____________________

☐Mr. ☐Mrs. ☐Ms. ☐Dr. ☐Other_____ Phone: Home: ( )______________ Work: ( ) ________________

Name ____ Email: ____________________
First Name Middle Name Last Name

Address ________________________ City/State/Zip ____________________

Year this witness met you? ____________________ Relationship ____________________

RELIGIOUS UPBRINGING OF THE RESPONDENT (Your former spouse)

Did the father actively practice any religion? _____ If so, which one? _____

Did the father ever express strong beliefs, either way, regarding having children baptized and/or regarding their religious choice? _____

Did the mother actively practice any religion? _____ If so, which one? _____

Did the mother ever express strong beliefs, either way, regarding having children baptized and/or regarding their religious choice? _____

As best as you can, describe your former spouse parents' feelings about religious choice for their children. Indicate their reasons, for not having your former spouse baptized, if you know them:

_____

_____

If your former spouse has any sisters/brothers, were they baptized in any faith during their younger years?_____

Was your former spouse ever under the care of others (grandparents/aunts/uncles/older sisters/brothers)? _____

a) If so, indicate your former spouse's age then: _____

b) List the name and address of these guardians:

_____

_____

c) What was the religious preference of these guardians? _____

Did your former spouse ever attend any church or Sunday School? _____ If so, indicate the name of the church, the address, city and state and the years of attendance.

_____

_____

WITNESSES FOR THE RESPONDENT (You former spouse)

If your former spouse was not baptized, list the names and complete addresses of parents, brothers, sisters or other relatives of your former spouse who would be willing to answer some questions concerning your former spouse's baptismal status. Submit at least three people.

☐Mr. ☐Mrs. ☐Ms. ☐Dr. ☐Other_____ Phone: Home: ( )_____ Work: ( ) _____

Name _____ Email: _____
First Name *Middle Name* *Last Name*

Address _____ City/State/Zip _____ Relationship _____

WITNESSES FOR THE RESPONDENT (Your former spouse) *CONTINUED*

☐Mr. ☐Mrs. ☐Ms. ☐Dr. ☐Other_____ Phone: Home: ( )_____ Work: ( ) _____

Name _____ Email: _____
First Name *Middle Name* *Last Name*

Address _____ City/State/Zip _____ Relationship _____

☐Mr. ☐Mrs. ☐Ms. ☐Dr. ☐Other_____ Phone: Home: ( )_____ Work: ( ) _____

Name _____ Email: _____
First Name *Middle Name* *Last Name*

Address _____ City/State/Zip _____ Relationship _____

YOUR INTENDED OR CURRENT SPOUSE'S MARITAL STATUS

(If remarried, submit a certified copy of the civil marriage license)

☐Mr. ☐Mrs. ☐ Ms. ☐ Dr. ☐Other _____ ☐Male ☐Female

Name of the person you wish to marry:

_____
First Name Middle Name *Present* Last Name *If female*, Maiden Name

Date/Place of Birth: _____

Has this person ever been baptized, christened, or sprinkled in any of the Christian religions? _____

If so, indicate the approximate date _____ Denomination: _____

Name of Church: _____ City/State: _____
(Submit the baptismal certificate for this person)

Was this person ever married before? _____ How many times? _____

If any children have been born of your current marriage, provide us with their names and baptismal information:

Name of Child	Church of Baptism	City, State	Date of Baptism/Birth

I, the Petitioner, solemnly swear that the information given in this petition is the whole truth, so help me God.

Signature of the Petitioner

Signature of Case Sponsor

Date signed

PARISH SEAL

CASE SPONSOR: *Priest, Deacon or designated Lay Person who completed this petition.*
This petition will NOT be accepted without a Case Sponsor.

☐Msgr. ☐ Rev. ☐ Deacon ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Name: _____

Address: _____ City/State/Zip Code: _____
Address: ☐ Church OR ☐ Home

Phone Numbers: Home: ( ) _____ Work/Cellular: ( ) _____

Case Sponsor's Parish: _____ City/State: _____

→**REQUIRED DOCUMENTS to be submitted with this petition:**
- A certified copy of the marriage license of the Petitioner and the Respondent.
- A certified copy of the divorce decree of the Petitioner and the Respondent.

→Mail this completed, five-page petition to: **Diocese of Beaumont**
Tribunal Office
P.O. Box 3948
Beaumont, TX 77704-3948

Telephone: (409) 924-4319

The Diocese of Beaumont does not have a fee associated with the cost of a petition for a declaration of nullity. The generous donors who contribute to the Appeal for Catholic Ministries (ACM), are also contributing to the costs associated with processing your petition. Thank you!