



TRIBUNAL OF THE DIOCESE OF MARQUETTE

1004 Harbor Hills Drive
9131
Marquette, Michigan 49855

Tribunal Office (906) 227-

APPLICATION FOR ANNULMENT

Dear Applicant:

This is the initial application for an annulment. Please fill out an application for each and every marriage to be investigated for an annulment.

Please reply to ALL questions of the application to the best of your ability. Some sensitive questions are involved, but nothing is intended to embarrass or blame you or your former spouse. We need your comprehensive picture so we can determine the validity of nullity of the marriage.

To do this, use detailed examples as much as you can. Highlight any abnormal or unusual problems or behavior. Do not use YES or NO answers, since these tell us nothing. DO NOT discuss your answers with anyone other than your Advocate. Type or write clearly in pen. Pencil writing can be illegible. Please type or write directly on the questionnaire. You may add pages if you wish. As well, fill out the mandate and witness forms and complete the Tribunal Policy. Advise your witnesses that we will mail them a questionnaire later and ask their aid. We need at least two knowledgeable witnesses for each marriage case.

Mail the application to us with **certified** or **notarized** civil copies of every marriage license and divorce decree, and the baptismal certificate of the Catholic parties. SEND THESE MATERIALS ALL AT ONCE. DO NOT SEND AN INCOMPLETE CASE. A parish priest can help you get all needed materials. For this reason, we advise that you ask your parish priest to help you. He can copy and notarize original documents as well as provide guidance and assistance in completing the application fully.

Several weeks after we receive your completed package, we will write to you and give you the case protocol number. Since forms can be lost in the mail, we suggest that you duplicate your materials and retain the copy.

Please remember us in your prayers as we strive to aid you and the many people who request our services.

The Tribunal Staff

I, the undersigned applicant, petition the Tribunal of the Diocese of Marquette to examine the validity of the marriage below according to Church law, and contend that it is invalid due to a defect of consent. (Canon 1095) I believe this will be substantiated by testimonies, documents and evidences.

PETITIONER: PLEASE COMPLETE BOTH COLUMNS

APPLICANT INFORMATION

RESPONDENT INFORMATION

	NAME (Maiden Name, if woman)	
	YOUR CURRENT LAST NAME	
	ADDRESS	
	CITY/STATE/ZIP	
	EMAIL ADDRESS	
	HOME PHONE	
	OCCUPATION/WORK PHONE	
	DATE OF BIRTH	
	PLACE OF BIRTH	
	RELIGION AT TIME OF MARRIAGE	
	AGE AT TIME OF MARRIAGE	
	RELIGION DURING MARRIAGE	
	BAPTISM DATE	
	CHURCH, CITY AND STATE OF BAPTISM (If Catholic, enclose baptismal certificate)	



INCLUDE CIVIL, CERTIFIED COPIES OF MARRIAGE LICENSES

Marriage Date:	Church:
Name/Title of Officiant:	City/State:
Was there a civil marriage before Church marriage?	If so, date:
Place:	Before whom:
Was this the first marriage for both of you?	If not, give name, dates and place of each and every prior marriage for both of you:
When did you separate finally: Give date and indicate who left whom:	

INCLUDE CIVIL, CERTIFIED COPIES OF DIVORCE DECREES

Date of FINAL divorce judgment:	Who obtained?
County/State	

Have you remarried?	If so, to whom?	His/her religion?
Has this person been married before?	How many times?	

Please list the following information for each of his/her previous marriages:

(1)

(2)

Name of his/her previous spouse:		
Religion of previous spouse:		
Church or location of marriage:		
How was this marriage terminated:		

If divorce, has an annulment been granted?	Diocese where Annulment was granted:
If annulment has not been granted will he/she be applying for one?	If not, why not?



Do you plan to remarry?	If so, to whom?	His/her religion?
Has this person been married before?	How many times?	

Please list the following information for each of his/her previous marriages:

(1)

(2)

Name of his/her previous spouse:		
Religion of previous spouse:		
Church or location of marriage:		
How was this marriage terminated:		

If divorce, has an annulment been granted?	Diocese where Annulment was granted:
If annulment has not been granted will he/she be applying for one?	If not, why not?



NAMES AND BIRTH DATES OF ANY CHILDREN FROM THE MARRIAGE TO BE NULLIFIED

(Use additional sheets if needed)

Name:	Date of Birth:
Name:	Date of Birth:
Who received custody of any minor children at the divorce?	
Are all civil duties of child care/support being fully met?	

List all counselors, psychologists or psychiatrists either of you saw before, during or after the marriage:

Name of Doctor/Counselor	Address	Dates	Which Party

Were either of you hospitalized for any nervous/mental difficulty before, during or after the marriage? If so, please list:

Name of Hospital	Address	Dates	Which Party

The following questions must be answered carefully and in detail as best as you are able to remember. Failure to do so could result in serious delays in processing your case. Read over all the questions and reflect on them before you begin to write your answers. Use additional sheets if necessary.

SECTION A

We would like to get some idea of the growing up years of both Parties. Please comment on the childhood phase, the relationship of the parents, the quality of the parents' marriage, any incidence of divorce, the school years, any counseling from doctors, clergy or social workers, unusual behavior, any troubles with the police, with the school authorities, relationship to brothers and sisters.

HIS:

HERS:

SECTION B

In this section we would like to get some idea about your courtship. You should comment on how you happened to meet, your ages at the time, the length of the courtship, what common interests you had, problems in dating, whether or not there were any break-ups, how the topic of marriage came about, how much previous dating experience you both had, why you were attracted to each other. Comment on the length of your engagement, your ideas (both Parties) of a permanent marriage, faithfulness to one another, attitudes toward having children. Comment on the wedding and honeymoon. Were there any unusual experiences or problems? Why did you eventually decide to marry?

SECTION C

There can be many reasons why an attempt at marriage may not be successful. We are trying to determine why this marriage broke up. This does not mean anyone is necessarily being blamed, but only that we are attempting to uncover the underlying causes for the break-up of the marriage. Describe your ability to adjust to married life and give specific examples of difficulties and problems encountered. These are suggested areas: Physical or emotional mistreatment. Role of parents in the marriage. Comment about use of money, alcohol, drugs, work habits and jobs, responsibility in paying bills, care of home. How was free time used? Were there problems in communication, love, affection, sexual relations?

SECTION D

Give the approximate date of the final separation (not divorce) and describe specific reasons for the break-up of the marriage. Include whether or not either of you obtained any psychiatric or marital counseling.

SECTION E

Has either Party remarried? How many times? If so, how is the new marriage succeeding?

HIS:

HERS:

STATEMENT AND MANDATE OF PETITIONER

I, the undersigned Petitioner, appoint _____ as my Procurator-Advocate to represent me and designate him/her to execute any useful or necessary acts for me, before the Courts of First and Subsequent Instances.

I accept that if the Tribunal is able to decide this case, there is no guarantee that the final determination will be favorable to me. I also understand that no guarantee can be given to me about when the canonical process will be completed. Ordinarily, the process takes approximately one year to complete.

I understand that it is my duty to provide the Tribunal with all required documents as well as a complete, current and accurate list of all my witnesses.

I understand that decision depends wholly on the merits of the case, the evidence and the exact reasons which the Church recognizes as grounds for nullity. I understand that if an affirmative decision is reached, that: a) either their Defender or my former spouse may appeal it; and b) stipulations against a subsequent marriage may be placed on me, pending an assessment of my readiness to live out a sacramental marriage. Any one of these may delay my ability to set a date for a forthcoming marriage in the Catholic Church.

I also undertake the responsibility to inform the Tribunal of any future change in my name, place of address or civil marriage status.

I understand that the Tribunal staff is bound by oath to confidentiality, and that no one other than myself or my Procurator-Advocate may be given information about the case in my name.

I UNDERSTAND THAT I MAY NOT SET A DATE FOR ANY FUTURE MARRIAGE IN THE CATHOLIC CHURCH UNTIL AND IF AN AFFIRMATIVE DECISION IS GIVEN, AND APPROVED BY A SECOND ECCLESIASTICAL AUTHORITY. I UNDERSTAND THAT NO PRIEST MAY PROVIDE ME WITH EVEN A TENTATIVE DATE FOR A FUTURE MARRIAGE IN THE CATHOLIC CHURCH.

STATEMENT OF TRIBUNAL POLICY

The proceedings of the Marquette Tribunal are exclusively religious in nature and governed solely by the laws of the Roman Catholic Church. The purpose of this investigation is to determine the status of the parties in the Roman Catholic Church and their freedom to enter a marriage which will be recognized by the Church. It is the Tribunal's desire that the proceedings will be a healing experience conducted in a spirit of Christian justice and compassion.

Fairness and justice require that the Tribunal have adequate information in order to make a responsible and just decision. Besides testimony of the parties themselves and their witnesses, the Tribunal may request – with proper release- information such as medical or psychological records, school, military, or personnel records.

Because of the sensitive nature of the information gathered in this process and because the Tribunal wishes to promote the spirit of charity, all the information gathered in the course of this investigation is considered confidential. This information is not made available except as required by Church law for inspection to the Petitioner, the Respondent and officers of the Court. This information is not made available to the witnesses or anyone acting in their behalf, or in any civil proceedings. A witness may ask that his or her testimony be withheld from the Petitioner and/or the Respondent for serious reason, such as the avoidance of defamation of character, family discord or scandal. The Presiding Judge may curtail the availability of the information for reasons stated above. It is the policy of the Tribunal to disclose this information only to those duly authorized ecclesiastical officials or other ecclesiastical Tribunals when necessary for the resolution of the case.

Can you affirm that what you have written on these pages is the truth, and that you do so swear?

Can you affirm that you have read the Statement and Mandate of Petitioner and the Statement of Tribunal Policy?

If you can, please sign this document and date it. Your Priest-Pastoral Minister should also sign where indicated.

Given at _____ this _____ day of _____, 20____.
Parish/City

Signature of Petitioner

Signature of Priest/Pastoral Minister (Advocate)

WITNESS SHEET

Please nominate persons who have knowledge of your family background, childhood or marital situation and who would provide us information. You must contact them before nominating them. We suggest you include your parents, siblings and friends from courtship. Inform them that their replies will not be seen by anyone by the Tribunal, if they wish and so state. You must give complete and current names, addresses and phone numbers. Type or print.

Name _____ Relationship _____.

Address _____ City/State/Zip _____.

Home Phone _____ Work Phone _____.

Name _____ Relationship _____.

Address _____ City/State/Zip _____.

Home Phone _____ Work Phone _____.

Name _____ Relationship _____.

Address _____ City/State/Zip _____.

Home Phone _____ Work Phone _____.
