

Church \_\_\_\_\_  
 City \_\_\_\_\_  
 Priest \_\_\_\_\_



# THE TRIBUNAL

1150 North First Street, Suite 100, San Jose CA 95112  
 Tel. No. 408-983-0219 Fax No. 408-983-0181

Prot. Number \_\_\_\_\_  
 (To be supplied by the Chancery)

## PETITION FOR A DECLARATION OF NULLITY IN A LACK OF FORM CASE

(Yellow Form: TO BE COMPLETED BY PRIEST / DEACON)

MAN IN ATTEMPTED MARRIAGE		WOMAN IN ATTEMPTED MARRIAGE
	Full Name	
	Address	
	City / State / Zip	
	Daytime Phone No.	
	E-Mail Address	
	Date of Birth	
	Place of Birth	
	Number of Times Married	
	This Marriage is Number	
	Religion	
	Date of Baptism	
	Place of Baptism	
	Date of First Communion	
	Place of First Communion	

Above-Named Parties Married at	Date
In the Presence of a <input type="checkbox"/> Minister <input type="checkbox"/> Civil Official <input type="checkbox"/> Other	Number of Children
Are all legal and moral obligations to the former spouse and to these children being met? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was there a dispensation from Canonical Form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the Catholic party ever leave the Church by a formal act? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Final civil decree of dissolution	
Civil Annulment	obtained at _____, Date
Plaintiff was	
Woman / Man	Grounds for Divorce (Annulment) were
Petitioner wishes to Marry	
Name	_____
Address	_____
Religion	_____

N.B.: Same information must be given (on separate sheets) for all other pertinent marriages.

(Over)

