DIOCESE OF SPRINGFIELD - CAPE GIRARDEAU

Marriage Tribunal



TRIBUNAL APPLICATION FOR NULLITY OF MARRIAGE

(For all cases excluding Lack of Form)

SECTION I: BIOGRAPHICAL INFORMATION

1. Name of Petitioner:					
2. Names/Addresses:					
		Wife's Ma	uiden Name		
Husband's Name					
		Wife's Pre	esent Name		
Street Address		Street Add	dress		
City, State, Zip Cod	de	City, State	e, Zip Code		
Daytime Phone	Evening Phone	Daytime Phone		Evening Phone	
Email Address			Email Address		
You must provide you	ur former spouse's current a	ddress. If unknown, comp	lete the steps i	n Section VI.	
Has he ever been baptized, chri	-	Has she ever been ba	-		
sprinkled in any religion?		sprinkled in any relig	gion?		
How is this known?		How is this known?			
If so, when?		If so, when?			
where?		where?			
In what denomination?		In what denominatio	n?		
Religion at time of wedding:		Religion at time of w	edding:		
Present religion:		Present religion:	_		
Present occupation:		Present occupation:			
Age at time of wedding	Birth date	Age at time of wedding		Birth date	
SECTION II: CONCERN	NING YOUR FORMER MA	ARRIAGE			
3. Name of wedding church of	r venue:		Date:		
Street:					
City:		State:	Zip Code:		
If convalidated, parish of record	d:		Date:		
Street:		C			
City:		State:	Zip Code:		
4. County and State of Divorce		Month, day and year	• 		
e : :	former spouse date before you				
	former spouse live together as l				
7. How many children did you	1 nave?	Who has custody?			

8. Do you believe your former spouse will participate i	n these proceedings or join you in this petition?
9. Was your former spouse ever married before marryi	ng you?
If so, to whom?	
What was the religion of both parties at the time of that	t marriage?
Husband:	Wife:
Did that marriage end in death or a declaration of nullit	
If so, please explain:	
To the best of your knowledge, is the previous husband	d/wife of your former spouse still living?
If possible, give name, address and phone number of the	he PREVIOUS husband/wife of your former spouse:
10. Were you and your former spouse related by blood	or marriage?
11. Describe any unusual circumstances or difficulties	
12. In your own words, what is the reason that your ma	urriage broke down?
SECTION III: CONCERNING YOURSELF	
13. List all of your marriages including your present union	n. If marriage was convalidated, include parish and date.
	(MM/DD/YY) Church (denomination) or venue of wedding
lst	
2nd	
3rd	
4th	
Did any of these marriages end in death or a declara	ation of nullity by the Church?
If so, which marriage ended in death?	By decree of nullity?
14. If you are not Catholic, do you have any interest in	

15. How many years have you resided within the Diocese of Springfield-Cape Girardeau?	

16. Have you ever presented a petition to this Tribunal or any other Ecclesiastical Tribunal? _____Where?

If so, when (MM/DD/YYYY)?

SECTION IV: CONCERNING YOUR PRESENT OR INTENDED MARRIAGE

18. Have you already remarried either civilly or in a religious ceremony? If so, when and where did this marriage take place? Name (If a woman, please give maiden name) Address: Is your intended/current spouse Catholic? If not, does he/she have an interest in becoming Catholic? Was he/she ever married before? If so, to whom? (If a woman, please give maiden name) Place of wedding: What was his/her religion at the time of his/her previous marriage? Please explain how the marriage ended: If so, when (MM/DD/YYYY)? What was his/her religion at the time of his/her previous marriage? Please explain how the marriage ended: If so, when (MM/DD/YYYY)? Where? SECTION V: SIGNATURES Signature of Priest/Deacon/Advocate Name of Priest/Deacon/Advocate Name of Church Church Sireet Address Church City, State, Zip Code Church Telephone Church Telephone Church stapelication is received, it will be reviewed and forwarded to the proper department within the Tribunal.	17. Are you engaged or do you have an intended spouse?	· · · ·	-	
If so, when and where did this marriage take place? Name (If a woman, please give maiden name) Address: Is your intended/current spouse Catholic? If not, does he/she have an interest in becoming Catholic? Was he/she ever married before? If so, to whom? (If a woman, please give maiden name) Place of wedding: What was his/her religion at the time of his/her previous marriage? Please explain how the marriage ended: Has your intended/current spouse ever presented an application to any Ecclesiastical Tribunal? If so, when (MM/DD/YYYY)? Where? SECTION V: SIGNATURES Signature of Priest/Deacon/Advocate Printed Name of Priest/Deacon/Advocate Name of Church Church Street Address	18. Have you already remarried either civilly or in a religious ceremo	ny?		
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What was his/her religion at the time of his/her previous marriage? Please explain how the marriage ended:	If so, to whom? (If a woman, please give maiden name)			
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Has your intended/current spouse ever presented an application to any Ecclesiastical Tribunal? If so, when (MM/DD/YYYY)? Where? SECTION V: SIGNATURES Signature of Petitioner Signature of Priest/Deacon/Advocate Printed Name of Priest/Deacon/Advocate Name of Church Church Street Address Church City, State, Zip Code Church Telephone Church Email Address When this application is received, it will be reviewed and forwarded to the proper department within the Tribunal.	What was his/her religion at the time of his/her previous marria	ge?		
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If so, when (MM/DD/YYYY)?				
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Printed Name of Priest/Deacon/Advocate Name of Church Church Street Address Church City, State, Zip Code Church Telephone Church Email Address When this application is received, it will be reviewed and forwarded to the proper department within the Tribunal.				
Name of Church Church Street Address Church City, State, Zip Code Church Telephone Church Email Address When this application is received, it will be reviewed and forwarded to the proper department within the Tribunal.	Signature of Priest/Deacon/Advocate		Date	
Name of Church Church Street Address Church City, State, Zip Code Church Telephone Church Email Address When this application is received, it will be reviewed and forwarded to the proper department within the Tribunal.				
Church Street Address Church City, State, Zip Code Church Telephone Church Email Address When this application is received, it will be reviewed and forwarded to the proper department within the Tribunal.	Printed Name of Priest/Deacon/Advocate			
Church Street Address Church City, State, Zip Code Church Telephone Church Email Address When this application is received, it will be reviewed and forwarded to the proper department within the Tribunal.				
Church City, State, Zip Code Church Telephone Church Email Address When this application is received, it will be reviewed and forwarded to the proper department within the Tribunal.	Name of Church			
Church City, State, Zip Code Church Telephone Church Email Address When this application is received, it will be reviewed and forwarded to the proper department within the Tribunal.				
<i>Church Telephone</i> <i>Church Email Address</i> When this application is received, it will be reviewed and forwarded to the proper department within the Tribunal.	Church Street Address			
<i>Church Telephone</i> <i>Church Email Address</i> When this application is received, it will be reviewed and forwarded to the proper department within the Tribunal.	Chunch City State 7in Co. L			
<i>Church Email Address</i> When this application is received, it will be reviewed and forwarded to the proper department within the Tribunal.	Church City, State, Zip Code			
<i>Church Email Address</i> When this application is received, it will be reviewed and forwarded to the proper department within the Tribunal.	Church Talaphone			
When this application is received, it will be reviewed and forwarded to the proper department within the Tribunal.	enarch relephone			
	Church Email Address			
PRIEST/DEACON/ADVOCATE, this form must be signed in person and mailed to the Tribunal.	When this application is received, it will be reviewed and forwarded t	to the proper department w	thin the Tribunal.	
	PRIEST/DEACON/ADVOCATE, this form must be signed in per	son and mailed to the Tri	bunal.	

Electronic submission will NOT be accepted.

Canon 1752 "... canonical equity is to be observed, and the salvation of souls, which must always be the supreme law in the church, is to be kept before one's eyes."

SECTION VI: INSTRUCTIONS ON LOCATING A FORMER SPOUSE

1. Attempt a basic internet search.

Use websites such as www.google.com or www.bing.com or www.truepeoplesearch.com to search for your former spouse by his/her name and last known address or phone number. Social media, such as Facebook or LinkedIn, can also be helpful.

2. Attempt to contact your former spouse through his/her family.

Contact a member of the family of your former spouse (for example: mother, father, sister, brother, aunt, uncle, or even friends) from whom you could obtain his/her address. If children were born in this marriage, obtain from one of them the location of your former spouse.

3. Use a paid internet search.

Use a paid internet search, such as www.ussearch.com or www.peoplefinders.com to search for your former spouse. If none of these methods locate your former spouse's address, then you must complete the affidavit below and attach the following information:

- 1. A copy of the receipt for your paid internet search.
- 2. A copy of the information provided by your paid internet search.
- 3. An address of a close relative of your former spouse.
- 4. An explanation of the steps you took to contact your former spouse and the difficulties you encountered.

AFFIDAVIT REGARDING AN UNLOCATABLE RESPONDENT

I hereby attest that I have made good-faith efforts to contact my former spouse. I also attest that the accompanying copies and explanation are truthful and complete. I acknowledge that a purposeful attempt to avoid locating the respondent can result in an invalid process and therefore a decision which would have no effect in the Canon Law of the Roman Catholic Church. I also am aware that an inability to locate my former spouse may make the Diocesan Tribunal unable to proceed with my case.

Signature of Petitioner:	Date:	

Signature	of Advocate:
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Jale:	

Date:



Diocese of Springfield-Cape Girardeau Marriage Tribunal The Catholic Center 601 S. Jefferson Ave. Springfield, MO 65806 417-866-0841