



DIOCESE OF FALL RIVER

Diocesan Tribunal

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For Tribunal Use Only:
Prot. No.: _____ / _____
Date Received: _____ / _____ / _____

REQUEST FOR MARRIAGE NULLITY CASE IN THE ORDINARY PROCESS:
PART I - GENERAL PRELIMINARY QUESTIONNAIRE

A. BIOGRAPHICAL INFORMATION

PETITIONER (you)		RESPONDENT (your former spouse)
	Present Full Name	
	Maiden Name	
	Mailing Address	
	City / State / Zip	
	Home Telephone	
	Cellular Telephone	
	Work Telephone	
	E-Mail	
	Date of Birth	
	Place of Birth	
	Father's Name	
	Mother's Maiden Name	
	Religion at Baptism	
	Church of Baptism	
	Place of Baptism	
	Date of Baptism	
	Present Religion	

Did you have any marriages prior to the one described above? Yes No
 If so, please give details on a separate sheet of paper (*i.e.* to whom, where, when, divorce, annulment, etc.).

B. HISTORY OF RELATIONSHIP

Date of Initial Meeting: _____ Date of First Date: _____ Date of Proposal/Formal Engagement: _____

Date of Marriage: ____ / ____ / ____ Officiant: _____
 Catholic Clergy Non-Catholic Clergy Civil Official (Judge, Justice of the Peace, etc.)

Place of Marriage (Church/ Court House/ Residence) _____

City/Town and State: _____

Age of Petitioner at the Time of Marriage: _____ Age of Respondent at the Time of Marriage: _____

If applicable: Please determine if the necessary dispensation(s) for the celebration of this marriage were granted by contacting the church of marriage.
 Recorded as granted No record of dispensation(s)

If EITHER party is Catholic AND the marriage was CELEBRATED (VALIDATED) in the Catholic Church at some point of time, please answer the questions in this box.

Date of Validation: ____ / ____ / ____ Catholic Church: _____

City/Town and State: _____

Age of Petitioner at Time of Validation: _____ Religion of Petitioner at that Time: _____

Age of Respondent at Time of Validation: _____ Religion of Respondent at that Time: _____

Names and Birth Dates of Children (or Adoption Dates): _____

Length of Time the Parties Lived Together after Marriage: _____

Date of Final Separation: _____

Date of Final/Absolute Divorce: _____ Court (County / State): _____

Plaintiff: _____

Who received custody of the minor children? _____

Have child support and other obligations assessed by the civil courts been fully met? _____

C. PRESENT STATUS AND FUTURE PLANS

Are you presently civilly married? Yes No

If yes, when and where? _____

If you are presently civilly married or planning to marry....

Name of Present/Intended Spouse: _____

His/Her Religion: _____ Marital Status: Never Married Previously Married

Is the Respondent presently civilly married? Yes No

If yes, when and where? _____

Name of Present/Intended Spouse: _____

D. WITNESSES

It is essential that witnesses, persons who can substantiate the testimony you give, be provided. Please list persons who have first-hand knowledge and are willing to cooperate in this process. Family members (especially parents and siblings) and friends can serve in this capacity—particularly people that knew both you and your former spouse during the courtship and married life. Please include at least three knowledgeable witnesses. If additional witnesses are needed, list them on a separate sheet of paper. Please give complete and accurate names and addresses (with zip code) for the witnesses and indicate their relationship to you or your former spouse. Please contact your prospective witnesses before you include their names below, encourage their cooperation and honesty, and let them know that they will be contacted directly by the Tribunal for their testimony by postal mail.

① Name: _____ Relationship: _____
Address: _____ City/State/Zip: _____
Phone: _____ E-Mail: _____
Year This Person Met You: _____ Year This Person Met Your Former Spouse: _____

② Name: _____ Relationship: _____
Address: _____ City/State/Zip: _____
Phone: _____ E-Mail: _____
Year This Person Met You: _____ Year This Person Met Your Former Spouse: _____

③ Name: _____ Relationship: _____
Address: _____ City/State/Zip: _____
Phone: _____ E-Mail: _____
Year This Person Met You: _____ Year This Person Met Your Former Spouse: _____

④ Name: _____ Relationship: _____
Address: _____ City/State/Zip: _____
Phone: _____ E-Mail: _____
Year This Person Met You: _____ Year This Person Met Your Former Spouse: _____

List any professional counselors, psychologists, or psychiatrists either or both of you saw before, during, or after the marriage.

Name of Counselor / Doctor	Mailing Address	Phone	Dates	Which Party?
① _____	_____	_____	_____	_____
② _____	_____	_____	_____	_____
③ _____	_____	_____	_____	_____
④ _____	_____	_____	_____	_____

E. REQUIRED DOCUMENTS

- Part I: The **General Preliminary Questionnaire** (*this form*)
- Part II: The **Answers** to the **Personal and Marital History** (*on separate sheets – preferably typed*)
- A **Baptismal Certificate** for the Catholic Parties Involved (issued within the past six months)
(If you were originally baptized in a non-Catholic community, provide a certificate of reception into the full communion of the Catholic Church.)
- A **Confirmation Certificate** for the Catholic Parties Involved (issued within the past six months)
- A **Marriage Certificate** (*Catholic marriage certificate from the church where Catholic marriage or validation occurred; otherwise, provide a copy of the civil marriage record issued by the City/Town Clerk Office*)
- The **Final / Absolute Decree of Divorce**
*(A Decree of Divorce Nisi is **not** sufficient)*
- The **Filing Fee** of \$25.00 (checks made payable to the *Roman Catholic Bishop of Fall River*)

E. ATTESTATION OF THE PETITIONER

AFTER COMPLETING PARTS I & II, THE PETITIONER IS TO MAKE THE FOLLOWING ATTESTATION IN THE PRESENCE OF THE PRIEST, DEACON, OR PASTORAL ASSOCIATE.

- * I, the undersigned, hereby agree to cooperate fully with the Tribunal and to be bound by the policies established by that Office in accordance with Church law—the Canon Law of the Roman Catholic Church.
- * I understand that all information submitted will become solely the property of the Tribunal of the Diocese of Fall River and that these proceedings are exclusively for church purposes only and have no civil effects whatsoever in the United States.
- * I understand that the burden of proof of the invalidity of the marriage falls to me. I am obliged to supply the Tribunal of the Diocese of Fall River with documents, testimony, witnesses and any information that is in support of my case.
- * I am aware that there is no guarantee that the final decision of the Tribunal will be affirmative; i.e. that the marriage will be declared invalid, and that no guarantee can be given me about the length of time it will take to receive a final decision.
- * I pledge not to talk to witnesses or my former spouse about what they should say in this case, or in any other way influence their testimony.
- * I understand that all rights of my former spouse will be protected, as well as mine.
- * I realize that I have the responsibility to keep a copy of all the materials that pertain to my case in the event anything is lost in the mail or in any other way.
- * I understand that a fee is charged to cover a portion of the court costs, and promise to abide by the fee schedule set up by the Tribunal.
- * I also understand that a date for any future wedding or validation in the Catholic Church, even a tentative one, ***cannot be given*** to me by the pastor or any other parish personnel unless and until the outcome of my case is known by obtaining an affirmative decision in the first instance (by the Tribunal of the Diocese of Fall River) and the proper decision from the tribunal of the second instance.
- * Moreover, I, the undersigned, do hereby testify that I am presenting this case in good faith and swear to the truth of all the statements and facts herein contained in my deposition, so help me God.

_____ / _____ / _____
 Signature of Petitioner Date

The undersigned Roman Catholic priest / deacon / pastoral minister hereby attests to the worthiness of this petition, and after having reviewed the submitted documents, urges the granting of this petition.

_____ / _____ / _____
 Signature of Priest / Deacon / Pastoral Minister Date

Printed Name: _____

Parish: _____

City/Town: _____

(Parish Seal)