

No. \_\_\_\_\_

# TRIBUNAL

## Eparchy of Parma of the Ruthenians

1404 East Ninth Street, Seventh Floor, Cleveland, Ohio 44114-2555  
 216-696-6525; 1-800-869-6525 (Ohio only) 1-800-676-4431 (outside Ohio); ext. 2680



### PETITION FOR DECLARATION OF INVALIDITY OF MARRIAGE

Please type or print in ink. Ask your priest or the tribunal for a fillable PDF version of this form.

#### Petitioner (the party petitioning)

#### Respondent (the divorced spouse)

Full name (maiden, if woman) \_\_\_\_\_

Full name (maiden, if woman) \_\_\_\_\_

Age at time of marriage \_\_\_\_\_

Religion at time of marriage \_\_\_\_\_

Age at time of marriage \_\_\_\_\_

Religion at time of marriage \_\_\_\_\_

#### HISTORY OF RELATIONSHIP

Date of Marriage \_\_\_\_\_ Officiant (Name And Title) \_\_\_\_\_

Place of Marriage (Church / Court House / Residence) \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / ZIP / County \_\_\_\_\_

**If either party was Catholic AND the marriage was VALIDATED in the Church after an earlier wedding elsewhere, please answer the questions in this box and use form *T101 PQ-WV Petitioner Questionnaire – With Validation* to supply your testimony.** If there was no validation, leave this box blank.

Date of Validation \_\_\_\_\_ Catholic Church \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Age of the Petitioner at the time of the validation \_\_\_\_\_ Religion of the Petitioner at that time: \_\_\_\_\_

Age of the Respondent at the time of the validation \_\_\_\_\_ Religion of the Respondent at that time: \_\_\_\_\_

#### HISTORY OF RELATIONSHIP

Date Of Initial Meeting \_\_\_\_\_ Date Of First Date \_\_\_\_\_

Date Of Marriage Proposal \_\_\_\_\_ Date Of Formal Engagement \_\_\_\_\_

Names and birth dates (or adoption dates) of children \_\_\_\_\_

Dates of separation(s) \_\_\_\_\_

Date of divorce or dissolution (judgment entry filing date) \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Case number \_\_\_\_\_

**DOCUMENTS SUBMITTED:** (Documents will be returned at the completion of the case.)

**Documents must be originals or certified copies.**

- \_\_\_\_ Original petition including the questionnaire used and petitioner's replies (copy to be retained by the petitioner)
- \_\_\_\_ Baptismal certificate of petitioner (and respondent, if available) with notations, issued within the last six months
- \_\_\_\_ Marriage License Application
- \_\_\_\_ Civil and/or ecclesiastical record/certificate of marriage (indicating names of parties, date, place, and officiant)
- \_\_\_\_ Certified final divorce decree (judgment entry)
- \_\_\_\_ Other (change of name, restraining orders, police reports, etc.)
- \_\_\_\_ A recent, non-returnable photograph of the parties, for purposes of identification (optional)
- \_\_\_\_ Witness list form(s) T-101W, giving witnesses from the friends and family of both the petitioner and respondent
- \_\_\_\_ Form T-101C, with details of possible professional witnesses
- \_\_\_\_ Cover Letter submitted by Procurator

**Tribunal Use only**

Competence: Canon 1358, CCEO 01 02 03

I, the undersigned petitioner, a party to this marriage, request a declaration of invalidity of this marriage. I contend that this marriage is invalid under Church law for the following reasons:

(Explain above the reasons why you believe the marriage is not valid, giving briefly the facts which support this and the evidence which you will use to demonstrate your claim. Pages 1, 2 and 4 of this form will be copied and mailed to the respondent.)

I swear to the truthfulness of all information I have given. I pledge not to discuss with the witnesses the facts of this case or possible questions and answers. I understand that all information submitted will become solely the property of the Tribunal of the Eparchy of Parma and that these proceedings are for church purposes only and have no civil effects in the United States.

Signature of petitioner \_\_\_\_\_ Date \_\_\_\_\_ ←

**Petitioner's details:**

Current legal name: Title \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Maiden name if woman: \_\_\_\_\_ Present religion \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ ext. \_\_\_\_\_ (C) \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Place of employment \_\_\_\_\_  
 Date of birth \_\_\_\_\_ City of birth \_\_\_\_\_ State of birth \_\_\_\_\_  
 Father's Full Name \_\_\_\_\_ Religion \_\_\_\_\_  
 Mother's Full Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Religion \_\_\_\_\_  
 If deceased, dates of death of parents \_\_\_\_\_ Father: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ Mother: \_\_\_\_/\_\_\_\_/\_\_\_\_

Were you baptized? \_\_\_\_ Yes \_\_\_\_ No Date \_\_\_\_\_ Age \_\_\_\_\_ Denomination \_\_\_\_\_  
 Church name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 If Non-Catholic Baptism, were you later received into the Catholic Church? \_\_\_\_ Yes \_\_\_\_ No Date \_\_\_\_\_  
 Church name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Please list in chronological order ALL of the marriages that you have entered, including 'common law,' from birth to the present date.**

	Name of spouse	Date	Place	Date of divorce, dissolution, or death of spouse
1 <sup>ST</sup>	_____	_____	_____	_____
2 <sup>ND</sup>	_____	_____	_____	_____
3 <sup>RD</sup>	_____	_____	_____	_____

Is the petitioner seeking to be baptized or received into full communion with the Catholic Church? \_\_\_\_ Yes \_\_\_\_ No  
 Is the petitioner's current or intended spouse seeking to be baptized or received into full communion with the Catholic Church? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A

I understand that a date for a wedding in the Catholic Church cannot be given to me by the pastor or any other parish personnel unless notice is given by the Eparchy of Parma that I am free to marry in the Catholic Church. Initials of petitioner \_\_\_\_\_ ←  
 I understand and accept that the submission of this document does not guarantee that my petition will be accepted and heard by the Tribunal of the Eparchy of Parma. Initials of petitioner \_\_\_\_\_ ←

I mandate as procurator at first and all instances \_\_\_\_\_ to serve as my representative with the power of performing all useful and necessary acts before the Tribunal, including those requiring a special mandate.  
 Signature of petitioner \_\_\_\_\_ Date \_\_\_\_\_ ←  
 Name of procurator \_\_\_\_\_ Parish \_\_\_\_\_  
 Address of parish \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Telephone \_\_\_\_\_ ext. \_\_\_\_\_

I accept the above mandate as procurator for the petitioner.  
 Signature of procurator \_\_\_\_\_ Date \_\_\_\_\_ ←

**Please do not write in this space – for Tribunal use only**

Previous Case: ____ Yes ____ No	<b>CERTIFICATION OF DOCUMENTS:</b> 1. BAPTISMAL CERTIFICATE: ____ PET ____ RESP ____ BOTH 2. MARRIAGE CERTIFICATE: ____ CHURCH ____ CIVIL ____ MLA 3. DIVORCE DECREE 4. PRE-NUPTIAL FILE 5. OTHER Diocese of Marriage: Parma _____ Diocese of Petitioner: Parma _____ Diocese of Respondent: Parma _____
Conferring Cases:	
Notary _____ Date _____	

Respondent's details:

If the complete address is unknown, Form T101-A is REQUIRED

Current legal name: Title \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Maiden name if woman: \_\_\_\_\_ Present religion \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ ext. \_\_\_\_\_ (C) \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Place of employment \_\_\_\_\_  
 Date of birth \_\_\_\_\_ City of birth \_\_\_\_\_ State of birth \_\_\_\_\_  
 Father's Full Name \_\_\_\_\_ Religion \_\_\_\_\_  
 Mother's Full Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Religion \_\_\_\_\_  
 If deceased, dates of death of parents \_\_\_\_\_ Father: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ Mother: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was he/she baptized? \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_ Age \_\_\_\_\_ Denomination \_\_\_\_\_  
 Church name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 If Non-Catholic Baptism, were you later received into the Catholic Church? \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_  
 Church name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Please list in chronological order ALL of the marriages that he/she has entered, including 'common law,' from birth to the present date.**

	Name of spouse	Date	Place	Date of divorce, dissolution, or death of spouse
1 <sup>ST</sup>	_____	_____	_____	_____
2 <sup>ND</sup>	_____	_____	_____	_____
3 <sup>RD</sup>	_____	_____	_____	_____

Is the respondent seeking to be baptized or received into full communion with the Catholic Church? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Is the respondent's current or intended spouse seeking to be baptized or received into full communion with the Catholic Church? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

**If the respondent is joining in the filing of this petition, the respondent should complete the following sections:**

I, the undersigned party to the marriage, join myself with this petition for a declaration of invalidity of this marriage. I believe that the marriage is invalid for the reasons given on page 2. I swear to the truthfulness of all information I have given. I pledge not to discuss with the witnesses the facts of this case or possible questions and answers. I understand that all information submitted will become solely the property of the Tribunal of the Eparchy of Parma and that these proceedings are for church purposes only and have no civil effects in the United States.

Signature of respondent \_\_\_\_\_ Date \_\_\_\_\_

I understand that a date for a wedding in the Catholic Church cannot be given to me by the pastor or any other parish personnel unless notice is given by the Eparchy of Parma that I am free to marry in the Catholic Church. Initials of respondent \_\_\_\_\_

I understand and accept that the submission of this document does not guarantee that my petition will be accepted and heard by the Tribunal of the Eparchy of Parma. Initials of respondent \_\_\_\_\_

I mandate as procurator at first and all instances \_\_\_\_\_ to serve as my representative with the power of performing all useful and necessary acts before the Tribunal, including those requiring a special mandate.

Signature of respondent \_\_\_\_\_ Date \_\_\_\_\_

Name of procurator \_\_\_\_\_ Parish \_\_\_\_\_

Address of parish \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ ext. \_\_\_\_\_

I accept the above mandate as procurator for the respondent.

Signature of procurator \_\_\_\_\_ Date \_\_\_\_\_

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No. \_\_\_\_\_

## LIST OF WITNESSES SUPPORTING A FORMAL PETITION FOR DECLARATION OF INVALIDITY OF MARRIAGE

Please type or print in ink. Ask your priest or the tribunal for a fillable PDF version of this form.

Petitioner \_\_\_\_\_

Respondent \_\_\_\_\_

*Be sure to name witnesses from among the friends or family of both the petitioner and the respondent.*

\_\_\_\_\_  
 Title      First name      Last name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone number \_\_\_\_\_

Relationship to party \_\_\_\_\_  
(e.g. father of petitioner; mother of respondent; respondent's brother's wife; neighbor of both, etc.)

Have you contacted this witness about testifying in this case? Is the witness willing to testify?

\_\_\_\_\_  
 About which aspects of the relationship would the witness be able to testify?

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Title      First name      Last name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone number \_\_\_\_\_

Relationship to party \_\_\_\_\_  
(e.g. father of petitioner; mother of respondent; respondent's brother's wife; neighbor of both, etc.)

Have you contacted this witness about testifying in this case? Is the witness willing to testify?

\_\_\_\_\_  
 About which aspects of the relationship would the witness be able to testify?

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Title      First name      Last name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone number \_\_\_\_\_

Relationship to party \_\_\_\_\_  
(e.g. father of petitioner; mother of respondent; respondent's brother's wife; neighbor of both, etc.)

Have you contacted this witness about testifying in this case? Is the witness willing to testify?

\_\_\_\_\_  
 About which aspects of the relationship would the witness be able to testify?

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Title      First name      Last name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone number \_\_\_\_\_

Relationship to party \_\_\_\_\_  
(e.g. father of petitioner; mother of respondent; respondent's brother's wife; neighbor of both, etc.)

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 About which aspects of the relationship would the witness be able to testify?

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Title      First name      Last name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone number \_\_\_\_\_

Relationship to party \_\_\_\_\_  
(e.g. father of petitioner; mother of respondent; respondent's brother's wife; neighbor of both, etc.)

Have you contacted this witness about testifying in this case? Is the witness willing to testify?

\_\_\_\_\_  
 About which aspects of the relationship would the witness be able to testify?

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Title      First name      Last name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone number \_\_\_\_\_

Relationship to party \_\_\_\_\_  
(e.g. father of petitioner; mother of respondent; respondent's brother's wife; neighbor of both, etc.)

Have you contacted this witness about testifying in this case? Is the witness willing to testify?

\_\_\_\_\_  
 About which aspects of the relationship would the witness be able to testify?

\_\_\_\_\_  
 \_\_\_\_\_

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## LIST OF WITNESSES SUPPORTING A FORMAL PETITION FOR DECLARATION OF INVALIDITY OF MARRIAGE

Please type or print in ink. Ask your priest or the tribunal for a fillable PDF version of this form.

Petitioner \_\_\_\_\_

Respondent \_\_\_\_\_

*Be sure to name witnesses from among the friends or family of both the petitioner and the respondent.*

\_\_\_\_\_  
 Title      First name      Last name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone number \_\_\_\_\_

Relationship to party \_\_\_\_\_  
 (e.g. father of petitioner; mother of respondent; respondent's brother's wife; neighbor of both, etc.)

Have you contacted this witness about testifying in this case? Is the witness willing to testify?

\_\_\_\_\_  
 About which aspects of the relationship would the witness be able to testify?

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Title      First name      Last name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone number \_\_\_\_\_

Relationship to party \_\_\_\_\_  
 (e.g. father of petitioner; mother of respondent; respondent's brother's wife; neighbor of both, etc.)

Have you contacted this witness about testifying in this case? Is the witness willing to testify?

\_\_\_\_\_  
 About which aspects of the relationship would the witness be able to testify?

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Title      First name      Last name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone number \_\_\_\_\_

Relationship to party \_\_\_\_\_  
 (e.g. father of petitioner; mother of respondent; respondent's brother's wife; neighbor of both, etc.)

Have you contacted this witness about testifying in this case? Is the witness willing to testify?

\_\_\_\_\_  
 About which aspects of the relationship would the witness be able to testify?

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Title      First name      Last name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone number \_\_\_\_\_

Relationship to party \_\_\_\_\_  
 (e.g. father of petitioner; mother of respondent; respondent's brother's wife; neighbor of both, etc.)

Have you contacted this witness about testifying in this case? Is the witness willing to testify?

\_\_\_\_\_  
 About which aspects of the relationship would the witness be able to testify?

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Title      First name      Last name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone number \_\_\_\_\_

Relationship to party \_\_\_\_\_  
 (e.g. father of petitioner; mother of respondent; respondent's brother's wife; neighbor of both, etc.)

Have you contacted this witness about testifying in this case? Is the witness willing to testify?

\_\_\_\_\_  
 About which aspects of the relationship would the witness be able to testify?

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Title      First name      Last name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone number \_\_\_\_\_

Relationship to party \_\_\_\_\_  
 (e.g. father of petitioner; mother of respondent; respondent's brother's wife; neighbor of both, etc.)

Have you contacted this witness about testifying in this case? Is the witness willing to testify?

\_\_\_\_\_  
 About which aspects of the relationship would the witness be able to testify?

\_\_\_\_\_  
 \_\_\_\_\_

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## PROFESSIONAL WITNESSES SUPPORTING A FORMAL PETITION FOR DECLARATION OF INVALIDITY OF MARRIAGE

Please type or print in ink. Ask your priest or the tribunal for a fillable PDF version of this form.

Petitioner \_\_\_\_\_

Respondent \_\_\_\_\_

### The Petitioner:

Have you ever received any counseling, therapy or psychological treatment?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the name of the counselor and/or the agency, the complete address, and the dates seen.

Name	Address	Dates

Did you see the above-named counselor(s) individually or in conjunction with your divorced spouse?

\_\_\_\_\_ Individually \_\_\_\_\_ Together

What, if any, diagnosis was given?

\_\_\_\_\_  
\_\_\_\_\_

### Regarding the Respondent:

Has your divorced spouse ever received any counseling, therapy or psychological treatment?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the name of the counselor and/or the agency, the complete address, and the dates seen.

Name	Address	Dates

What, if any, diagnosis was given?

\_\_\_\_\_  
\_\_\_\_\_

If it seems useful to your case, you may be asked to sign a release form so the Tribunal may write to request the records. Would you be willing to sign such a form if asked by the Tribunal?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A