



**Archdiocese of San Francisco  
Metropolitan Tribunal**  
One Peter Yorke Way  
San Francisco, CA 94109  
Main/fax (415) 614-5690  
[www.sfarch/tribunal.org](http://www.sfarch/tribunal.org)

*Office Use Only:*

Rec'd: \_\_\_\_\_

PN: \_\_\_\_\_

*Petition for a declaration of nullity due to*  
**LACK OF FORM**

*To be filled out with the assistance of a Pastor or his Delegate. Please print clearly.*

<b>PETITIONER</b>		<b>RESPONDENT</b>
	Current Full Name <i>(First, Middle Last)</i>	
	Maiden Name <i>(if applicable)</i>	
	Address Number & Street	
	City, State, and ZIP Code	
	Home Telephone <i>(inc. area code)</i>	
	Work Telephone <i>(inc. area code)</i>	
	Mobile Telephone <i>(inc. area code)</i>	
	E-Mail Address	
	Date of Birth	
	Place of Birth	

<b>PETITIONER</b>	<b>RESPONDENT</b>
<i>At the time of this marriage, had you been baptized or received into the Catholic Church?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>At the time of this marriage, had he/she been baptized or received into the Catholic Church?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If not, what religion were you?</i>	<i>If not, what religion was he/she?</i>
<i>If yes, please attach <u>certificate of baptism</u> and, if applicable, <u>certificate of reception</u> into the Catholic Church. Please answer the following questions: Were you brought up as a Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you make your First Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>	<i>If yes, please attach <u>certificate of baptism</u> and, if applicable, <u>certificate of reception</u> into the Catholic Church. Please answer the following questions: Was he/she brought up as a Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No Did he/she make their First Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No Was he/she confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>
<i>To what extent have you practiced your faith?</i>	<i>To what extent have you practiced your faith?</i>
<i>Have you ever left the Catholic Church by a formal act?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain (include date):</i>	<i>Did he/she ever leave the Catholic Church by a formal act?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain (include date):</i>

*Lack of Form (Rev. April 2019)*

<b>MARRIAGE</b>	
Date of Marriage	Place of Marriage
Who "officiated" at the ceremony? (e.g., minister, rabbi, judge, etc.)	
Did you request or receive a dispensation from canonical form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was this marriage ever convalidated in the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was convalidation ever discussed or considered between you and your former spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How long did you live together before your final separation?	
Were any children born of this marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many and in whose custody are they?	
What provisions are actually being made for spouse and children?	
What steps are being taken to preserve and develop the parental relationship with the children of your former marriage?	
Date of final decree of divorce	County and State
<b>PREVIOUS MARRIAGE(S)</b>	
Do you (petitioner) have any prior or subsequent marriages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have those marriages been addressed by a Tribunal? If yes, submit copy of final decrees. If no, those cases must be submitted to the Tribunal at the same time as this case.	
Does the respondent have any prior or subsequent marriages? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>AFFIDAVIT</b>
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I promise under oath that the above statements which I have made are true to the best of my knowledge.

_____	_____
<i>signature of petitioner</i>	<i>date</i>
_____	_____
<i>signature of pastor or his delegate</i>	<i>date</i>

Priest, Deacon, or Lay Parish Advocate (please print):	
Name	Parish
Phone <small>(please indicate: cell / home / work)</small>	Address City, State, ZIP Code
<p>The following documents are included:</p> <p><input type="checkbox"/> Catholic baptism certificate(s) (issued within the last six months, with notations)</p> <p><input type="checkbox"/> Certificate of reception (if applicable)</p> <p><input type="checkbox"/> Certified/Original civil marriage <u>license and certificate</u> (must have stamp or seal)</p> <p><b>NOTE:</b> California's marriage license and certificate is one page. Nevada's (and other states) marriage license and certificate are two separate items. We must have both the <u>license and certificate</u>. One indicates the number of previous marriages.</p> <p><input type="checkbox"/> Certified/Original decree of dissolution (divorce) or civil nullity (must have stamp or seal)</p> <p><b>NOTE:</b> Two documents are required: "Notice of Entry of Judgment" and "Judgment."</p> <p><input type="checkbox"/> Copy of final decrees from prior <u>or</u> subsequent marriage case(s), if applicable</p> <p><input type="checkbox"/> \$100 processing fee (make check payable to: Archbishop of San Francisco)</p>	

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