

**THE MARRIAGE TRIBUNAL
DIOCESE OF BIRMINGHAM
P.O. BOX 12047
BIRMINGHAM, ALABAMA 35202**

PETITION REQUESTING DECLARATION OF MARRIAGE NULLITY DUE TO
ABSENCE OF CANONICAL FORM

I, _____, a _____
Full Name (Maiden Name if Woman) Religion
(Petitioner)

married _____, a _____
Full Name (Maiden Name if Woman) Religion
(Respondent)

at _____, _____, _____
City County State

in the presence of a (select one): [] minister; [] rabbi;
[] civil official ; [] other _____.

on _____, _____, _____.
Month Day Year

A civil divorce from this marriage was obtained on
(date) _____ at (place) _____.

The reason that I did not observe the Catholic Form of Marriage
is: **(Must be completed)**

I affirm that a dispensation from canonical form was never
granted.

I affirm that this marriage was never convalidated (sometimes
mistakenly called "Blessed") in the Catholic Church.

I submit that this marriage is invalid because (Check one)
[] Petitioner [] Respondent was bound to observe the
Catholic Form of Marriage pursuant to Canon 1108.

As proof of this I submit the following **(ORIGINALS-will be
returned upon completion of case) Keep copies for your file:**

- 1.) Certificate of Marriage
- 2.) Baptismal Certificate **(ISSUED WITHIN PAST SIX MONTHS
INCLUDING ALL NOTATIONS)** of Catholic Party Bound To
Observe the Form.
- 3.) Civil Divorce Decree or Annulment of this marriage.

I have read this petition carefully and I solemnly swear that the foregoing statements are true. I am enclosing the fee of \$25.00 toward the expenses in the processing of this case.

Signature of Petitioner Date

Address: City State Zip Code

I, the undersigned, have no reason to believe that this marriage was ever validated according to the Form required for marriage in the Catholic Church pursuant to Canon 1108.

Priest, Deacon, Advocate Parish

Mailing Address

IMPORTANT: Please include any additional information pertaining **to any and all other marriages** of the Petitioner: _____

SUPPLEMENTARY INFORMATION

Please list Names and COMPLETE ADDRESSES of two (2) relatives or close friends of the Catholic Party in this marriage:

1. _____
Full Name Relationship

Address: City State Zip Code

2. _____
Full Name Relationship

Address: City State Zip Code

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*
*   The present name _____ *
*   and address of  RESPONDENT'S Present Full Name *
*   the RESPONDENT *
*   (former spouse) *
*   is: _____ *
*                   Street Address *
* * * * *
*                   _____ *
*                   City State Zip Code *
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This space is to be used for the following information if needed:

- 1) Explanation of discrepancies in names or dates in documents;
 - 2) Supplementary evidence (sworn statements, affidavits, depositions) in the absence of documents;
 - 3) Other observations.
- Rev. 12/2015