

OFFICE OF THE TRIBUNAL
DIocese OF CHEYENNE
 Post Office Box 1468
 Cheyenne, Wyoming 82003-1468
 P 1 (307) 638-1530
 F 1 (307) 637-7936



FOR OFFICE USE ONLY	
Date Received:	_____
Protocol No.:	_____
Companion Cases:	_____

Parish:	_____
Sponsor:	_____

APPLICATION FOR A FORMAL MARRIAGE CASE

The pastor, his delegate or the auditor, having reminded the Petitioner of the sacred character and binding force of an oath, will ask: "Do you solemnly swear to tell the truth and nothing but the truth in answering the questions that shall be proposed to you, so help you God?"

Indicate the Petitioner's response to the oath: _____

PETITIONER	[Please Type or Print]	OTHER PARTY
Mr., Mrs., Miss, Ms. Dr., _____	TITLE <i>(Circle One)</i>	Mr., Mrs., Miss, Ms. Dr., _____
_____	FULL NAME <i>(First, Middle, Last)</i>	_____
_____	MAIDEN NAME <i>(If applicable)</i>	_____
_____	STREET ADDRESS	_____
_____	CITY, STATE ZIP+4	_____
_____	MAILING ADDRESS <i>(If different)</i>	_____
_____	CITY, STATE ZIP+4	_____
_____	BEST PHONE NUMBER <i>(Type: Home, Cell, Work.)</i>	_____
_____	EMAIL ADDRESS	_____
_____	DATE OF BIRTH	_____
_____	PLACE OF BIRTH <i>(City, State)</i>	_____
_____	DATE OF BAPTISM	_____
_____	PLACE OF BAPTISM <i>(Church, City, State)</i>	_____
_____	IF CATHOLIC, WHICH RITE <i>(Church Sui Iuris)</i>	_____
_____	AGE AT TIME OF MARRIAGE	_____
_____	RELIGION AT TIME OF MARRIAGE	_____
_____	CURRENT RELIGION	_____

MARRIAGES OF THE PETITIONER

How many times has the Petitioner been married? _____ Number of the marriage for this petition? _____

If the Petitioner has been married more than once, please indicate the names of his/her other spouses, the dates of each marriage, the date of when each marriage ended, how each marriage ended (e.g., death, civil divorce, etc.), and how these other marriages will be or were resolved (e.g., death of the spouse, ecclesiastical **declaration** of invalidity, favor of the faith, or convalidation). Please give the name of the diocese and the protocol for ecclesiastical processes.

<u>Name of Former Spouse</u>	<u>Date of Marriage</u>	<u>Date of Divorce</u>	<u>Resolution (death/invalidity/favor)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MARRIAGES OF THE OTHER PARTY

How many times has the **Other Party** been married? _____ Number of the marriage for this petition? _____

If the **Other Party** has been married more than once, please indicate the names of his/her other spouses, the dates of each marriage, the date of when each marriage ended, how each marriage ended (e.g., death, civil divorce, etc.), and, if these marriages were before the **Other Party's** marriage to the Petitioner, how these other marriages were resolved (e.g., death of the spouse, ecclesiastical **declaration** of invalidity, or favor of the faith). Please give the name of the diocese and the protocol for ecclesiastical processes.

<u>Name of Former Spouse</u>	<u>Date of Marriage</u>	<u>Date of Divorce</u>	<u>Resolution (death/invalidity/favor)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

THE MARRIAGE BEING INVESTIGATED

When did they begin to date? _____

Length of Courtship (beginning to date to engagement): _____

Did the Petitioner and the **Other Party** cohabit before marriage? Yes No

If they cohabited, on what date did this begin? _____

When were the Petitioner and **Other Party** engaged? _____

FORMAL MARRIAGE CASE

Length of Engagement: _____

Date of Marriage: _____

Officiant at the Marriage (Priest, Minister, Judge, Rabbi, etc.): _____

Place of Marriage (If a church, please give the name of the church. Please be sure to include City and State.):

Date of Convalidation (if convalidated): _____

Officiant at the Convalidation (e.g., Priest, or Deacon): _____

Place of Convalidation of Marriage (Please give the name of the **Parish**. Please be sure to include City and State.):

Were there any unusual circumstances before **or around the wedding, such as undue pressure, pregnancy, substance abuse, physical or sexual abuse, psychological issues, infidelity, reticence about children or indissolubility, etc.?**

Yes No

If "Yes," please explain: _____

Did the Petitioner and **Other Party** have children together, by birth and/or adoption? Yes No

If yes, number of children: _____

<u>Name of Child</u>	<u>Date of Birth</u>	<u>Date of Baptism</u>	<u>Church of Baptism (Denomination)</u>
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If any are still minors, who has custody? _____

Besides the final separation, were there any other separations? Yes No

If "Yes," please give dates: _____

Date of final separation (cohabitation not divorce): _____

Length of time the Parties lived together from marriage to until final separation: _____

Date of the Decree of Civil Divorce or Civil Annulment: _____

Length of Marriage: _____

Are there any unresolved issues from the civil divorce or civil annulment (e.g., visitation, child support, alimony, etc.)?

Yes No

If "Yes," please explain: _____

Why does the Petitioner believe that he/she should not have entered into marriage with the **Other Party**?

Why does the Petitioner believe this marriage should be declared invalid?

Are there any exceptional circumstances or situations involved with this case that you judge the Tribunal Staff should be aware?

Yes No

If "Yes," please explain: _____

STATUS OF THE PETITIONER

Is the Petitioner re-married civilly? Yes No

If not Catholic, is the Petitioner preparing for baptism or reception into the Catholic Church? Yes No

PETITIONER’S INTENDED SPOUSE

If the Petitioner is intending to enter into a new marriage or to convalidate an existing marriage, please provide the following information concerning the Intended Spouse:

TITLE (*Circle One*) Mr., Mrs., Miss, Ms., Dr., _____

FULL NAME _____
(First, Middle, Last)

MAIDEN NAME _____
(If applicable)

STREET ADDRESS _____

CITY, STATE ZIP+4 _____

MAILING ADDRESS _____
(If different)

CITY, STATE ZIP+4 _____

BEST PHONE NUMBER _____
(Type: Home, Cell, Work)

EMAIL ADDRESS _____

DATE OF BIRTH _____

PLACE OF BIRTH _____
(City, State)

DATE OF BAPTISM _____

PLACE OF BAPTISM _____
(Church, City, State)

RELIGION _____

IF CATHOLIC, WHICH RITE *(Church Sui Iuris)* _____

STATUS OF THE PETITIONER’S INTENDED SPOUSE

Is the Petitioner’s Intended Spouse free to marry in the Catholic Church? Yes No

If not free to marry in the Catholic Church, how will this be resolved? _____

If not Catholic, is the Intended Spouse preparing for baptism or reception into the Catholic Church? Yes No

Does the Intended Spouse have **any** children from a union or unions prior to meeting the Petitioner? Yes No

If yes, number of children: _____

<u>Name of Child</u>	<u>Date of Birth</u>	<u>Date of Baptism</u>	<u>Church of Baptism (Denomination)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do the Petitioner and Intended Spouse have children together, by birth and/or adoption? Yes No
 If yes, number of children: _____

<u>Name of Child</u>	<u>Date of Birth</u>	<u>Date of Baptism</u>	<u>Church of Baptism (Denomination)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REQUIRED DOCUMENTS

The following documents are to be submitted with this application:

- Certificate(s) of Baptism with notations for the Catholic party (or parties), issued within the last six months
- Copy of the Civil Marriage License or Certificate, preferably designating Officiant
- Copy of the Decree or Certificate of Civil Divorce or Civil Annulment

ATTESTATIONS OF PETITIONER

Will the Petitioner be able to complete the Marital Declaration, a personal history? Yes No

Is the Other Party aware that the Petitioner is beginning this process for a Formal Marriage Case? Yes No

Will the Other Party cooperate with and participate in this process? Yes No Unknown

Would the Petitioner like to have the Tribunal nominate an Advocate to assist the Petitioner? Yes No

In order to avoid any embarrassment, ill-will, or financial loss for the Petitioner, the following is the Policy of the Diocese of Cheyenne: No arrangements for a future marriage (even tentative ones) can be made before the completion of this process and the fulfillment of any other potential requirements.

I hereby affirm under oath that all the information given above is correct insofar as I know. I also understand that no arrangement for a future marriage (even tentative ones) can be made before the completion of this process and the fulfillment of any other potential requirements.

Date

Signature of Petitioner

ATTESTATIONS AND ASSESSMENT OF PASTOR, DELEGATE OR AUDITOR

Are you willing to assist the Petitioner during the preparation and presentation of this case? Yes No

Please make an assessment of the Petitioner, such as, how well you know him/her, his/her religious practice, and his/her forthrightness and honesty. Please also share any insights you might have: for a case of invalidity, possible reasons for invalidity.

Name of Pastor, Delegate or Auditor

Date

Signature

Parish

City, State