



ARCHDIOCESE OF
ANCHORAGE-JUNEAU

OFFICE OF THE TRIBUNAL
225 Cordova Street
Anchorage, AK 99501-2409
(907) 297-7724

LCF _____
(office use only)

PETITION FOR DETERMINATION FOR THE NULLITY OF A MARRIAGE
DUE TO LACK OF CANONICAL FORM

Please complete this petition and send it to the Office of the Tribunal along with:

1. Marriage License and Final Divorce/Dissolution Decree;
2. Recent Baptismal Certificate or Certificate of Reception into full Catholic Communion for at least one party to the challenged marriage (issued within the last six months with all annotations);

Spouse desiring Nullity of Marriage

Former Spouse

Maiden Name

Maiden Name

Present street/mailling address

Present street/mailling address

City, State & Zip Code

City, State & Zip Code

Home/Cell Phone Work Phone

Home/Cell Phone Work Phone

Date of Birth Place of Birth

Date of Birth Place of Birth

Baptism Date Denomination

Baptism Date Denomination

Name of the Church

Name of the Church

Location of the Church

Location of the Church

The Spouses married at _____
[Place/City/State]

on _____ in the presence of _____.
[month-day-year] [Name and title of officiant]

This was the _____ marriage for the requesting spouse. This was the _____ marriage for the other spouse. (1st, 2nd, etc.)

Was this marriage ever convalidated in the Catholic Church by a priest/deacon _____ or by a priest in the Orthodox church? _____ If yes, please explain on a separate page.

Did the Catholic Party ever officially leave the Catholic Church since November 27, 1983, by making a formal declaration before a Church Official? _____

If yes, please explain on a separate page.

Final Divorce/Dissolution decree obtained in _____
(City/State)

on _____ at (court) _____
[month-day-year]

Number of children born to the above named marriage: _____

If applicable, is child support current and are visitation rights being exercised? _____

If no, please explain on a separate page.

Requesting spouse wishes _____ to marry **or** wishes _____ to convalidate a civil union with _____.

Religious denomination of this person: _____

Was this person ever married before? _____ If yes, please explain on a separate page.

I, the undersigned, hereby solemnly swear that the foregoing information is true, and I further solemnly swear that I have never contracted or attempted any marriage during my lifetime except as indicated in this petition. I further solemnly swear that the marriage described herein was never convalidated in the Catholic Church. So help me God.

Signature of Requesting Spouse

Date

PRINT name of Parish/Preparing Minister

Signature of Parish/Preparing Minister

Name of Parish: _____



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WHAT IS NEEDED FOR LACK OF CANONICAL FORM CASE

1. ____ Petition form completed and signed by **both** petitioner and parish/
preparing minister/procurator.
2. ____ Respondent's address is needed so the Tribunal can contact him/her.
The spouse requesting the invalidity of the marriage does **not** have to
make any contact with the former spouse.
3. ____ **Recent** copy of Catholic party's baptismal certificate - **Must be issued
within the last six (6) months, with all sacramental annotations.**
4. ____ Copy of marriage license-an original certified document preferred
5. ____ Copy of final divorce/dissolution decree signed by the Judge with
child support information indicated, if applicable.
An original certified document preferred.

Rev. 011/10/2020