

Diocese of Madison Tribunal

Bishop O'Connor Catholic Pastoral Center
PO Box 44983
Madison, Wisconsin 53744-4983
608-821-3060 FAX 608-821-3067

Case Name

Date Received

Case No. (For Office Use Only)

PETITION FOR DECLARATION OF NULLITY FORMAL CASE

Please print or type. If more space is required for any response, please use additional paper.

I. Concerning the Parties

A. Concerning the Petitioner

1. Current

Name _____ Maiden _____

2. Address _____

3. City _____ State _____ Zip _____

4. Telephone Number(s) Home _____ Business _____

5. Date of Birth _____ Place of Birth _____

6. Date of Baptism _____ Church _____

City _____ State _____ Zip _____

7. Your religion at the time of the marriage _____

Your religion now _____

8. Parents' names _____

Complete addresses _____

Mother's maiden name _____

B. Concerning the Respondent*

1. Current

Name _____ Maiden _____

2. Address _____

3. City _____ State _____ Zip _____

4. Telephone Number(s) Home _____ Business _____

5. Date of Birth _____ Place of Birth _____

6. Date of Baptism _____ Church _____

City _____ State _____ Zip _____

7. His/her religion at the time of the marriage _____

His/her religion now _____

8. Parents' names _____

Complete addresses _____

Mother's maiden name _____

* Information regarding your former spouse is of utmost importance. If you are unaware of the present address, please include an address of a close relative. If the whereabouts of your former spouse are truly unknown, your case sponsor or a member of the Tribunal will assist you.

II. Concerning the Relationship

A. Length of courtship prior to the engagement _____

Length of engagement prior to the marriage

B. Age at time of marriage -- Petitioner _____ Respondent _____

C. Church or place of marriage _____

Address _____

City _____ State _____ Zip _____

Date of marriage _____ Minister or Officiant _____

D. Children born of this marriage

Name

Date of birth

E. Length of common life _____ Last date of cohabitation _____

Number of separations before final one _____

F. Date of Divorce _____

Place of Divorce _____

County, State

III. Witness Names and Complete Addresses**

Name/Complete Address Name/Complete Address

1. _____ Name (Mr., Mrs., Ms., etc.) _____ Address _____ CityStateZip _____ Relationship to party	2. _____ Name (Mr., Mrs., Ms., etc.) _____ Address _____ CityStateZip _____ Relationship to party
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3. _____ Name (Mr., Mrs., Ms., etc.) _____ Address _____ CityStateZip _____ Relationship to party	4. _____ Name (Mr., Mrs., Ms., etc.) _____ Address _____ CityStateZip _____ Relationship to party
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5. _____ Name (Mr., Mrs., Ms., etc.) _____ Address _____ CityStateZip _____ Relationship to party	6. _____ Name (Mr., Mrs., Ms., etc.) _____ Address _____ CityStateZip _____ Relationship to party
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**The person submitting the names of witnesses should contact each person individually in order to ensure their willingness to cooperate in providing testimony regarding this case.

IV. Necessary Documents

1. A recently issued baptismal certificate for Catholic parties
2. A certificate of marriage
3. Decree of civil divorce (Findings of Law and Fact)

V. Name of parish you attend _____

Priest/pastoral minister acting as your sponsor in this case _____

VI. List any other marriages contracted by either party (if additional space is necessary, please use an additional sheet) If documentation is available, please include.

Petitioner Respondent Petitioner Respondent

Name of Spouse Name of Spouse

Date of Marriage Date of Marriage

Date/Place of Divorce if Applicable Date/Place of Divorce if Applicable

VII. Current Intentions

_____ At this time I have no plans to enter another marriage

_____ I have or intend to marry _____
Name

_____ Date _____ Place

VIII. Request and Oath

Believing that my marriage was not valid according to the understandings of the Catholic Church, I am asking that the Tribunal of the Diocese of Madison conduct an investigation into the status of the marriage. I swear that all the testimony I submit to the Tribunal is the truth, the whole truth and nothing but the truth, so help me God.

I understand that a declaration of nullity is a judicial process and that no guarantee can be made as to a favorable outcome. I also understand that no definite time frame for a completion date can be established and that no date can be set by the parish for a wedding until the work of the Tribunal is completed.

I understand that it is my responsibility as the petitioner to ensure that this petition is submitted to the Tribunal with all appropriate documents and to supply the Tribunal with any additional information that might become necessary.

I hereby delegate the Judicial Vicar of the Diocese of Madison and also the Judge in this case to appoint a Procurator/Advocate for me.

I understand that a fee will be assessed to help cover the cost of office procedures for the processing of the case. I further understand that no one is turned away because of an inability to pay this fee. I understand that it is my responsibility, as the petitioner, to make arrangements for the payment of this fee as expeditiously as possible, or to speak with the Tribunal staff if difficulties arise.

Date

Signature of petitioner

Sponsor: I, hereby agree to act as a sponsor for the petitioner in this case.

Date

Signature of priest/pastoral minister