



TRIBUNAL OFFICE

305 Seventh Ave. N. • P.O. Box 576 • Suite 101 • St. Cloud, MN • 56303 • 320-251-6557 • fax 320-202-9224

Office Use Only	_____
	VS.

	PROT. NO. _____
	(KINDLY REFER TO THIS NUMBER IN YOUR CORRESPONDENCE)

PETITION - FORMAL PROCESS

1) **Petitioner**

Name _____

Maiden Name _____

Address _____

Telephone Number () _____

Date of Birth _____ Place of Birth _____

Present religion _____

Date of Baptism and/or Profession of Faith _____

Parish of Baptism _____

City/State _____

Parish Presently a Member of _____

2) **Respondent** (Former Spouse)

Name _____

Maiden Name _____

Address _____

Telephone Number () _____

Date of Birth _____ Place of Birth _____

Present Religion _____

Date of Baptism and/or Profession of Faith _____

Parish of Baptism _____

City/State _____

Parish Presently a Member of _____

3) **Engagement**

How long did you date prior to engagement? _____ Months _____

How long were you engaged? _____ Months _____

4) How was the decision to marry reached? _____

5) **Marriage**

Your age at the time of marriage _____ Your former spouse's age at the time of marriage _____

Date of marriage _____

Place of marriage _____

City/State of marriage _____

Officiant of the marriage _____

(If marriage was first contracted outside of the Catholic Church and later *validated*, please note the date, place and officiant of validation on the lines below.)

(If a Catholic party was married in a non-Catholic Church, please note the Diocese of the Catholic Dispensation)

6) How long did you and your former spouse live together before marriage? _____

How long did you and your former spouse live together in marriage? _____

7) How many times were you and your former spouse separated before the divorce? _____

Reason(s) for the separation(s) _____

When did you separate permanently? _____

8) **Divorce**

Date of Divorce _____

County/State of Divorce _____

9) How many children were born of this marriage? _____

If they are minors, who presently has physical custody of the children? _____

Who has legal custody? _____

10) Did you attend any marriage counseling? _____

If yes, please give name of counselor(s), agency and address(es). _____

11) List all marriages you have been in. (List Chronologically)

Name (Maiden, if woman)	Date	Place	Divorce Date (?)	Annuled
-------------------------	------	-------	------------------	---------

12) List all marriages your former spouse has been in. (List Chronologically)

Name (Maiden, if woman)	Date	Place	Divorce Date (?)	Annuled
-------------------------	------	-------	------------------	---------

13) Why did this marriage fail? _____

14) Why are you presenting this petition? _____

The following **must be submitted** with this petition:

- 1) A baptismal certificate and/or Profession of Faith of the petitioner and respondent.
- 2) A certificate of marriage and/or proof of Validation in the Catholic Church.
- 3) If a Catholic party was married in a non-Catholic Church, proof of the Dispensation.
- 4) A divorce decree (Final Judgment).
- 5) A current address for the respondent (former spouse).
- 6) A narrative by the petitioner or a preliminary interview.
- 7) A statement from Church personnel on the credibility of the petitioner, **including the pastor's signature**.

I petition the Tribunal of the Diocese of Saint Cloud to review my marriage to _____
to determine whether or not this marriage was valid according to the teachings of the Roman Catholic Church.
I present this petition in good faith and the information given is true to the best of my knowledge.
I ask that the Tribunal of St. Cloud process this petition to conclusion and decision.
I agree to honor the Tribunal's sense of confidentiality. The information provided in this form and all other information
collected by the Tribunal is for the purpose of this study only.

(Signature of Petitioner)

(Date)

() _____

(Telephone Number)

(Address)

CHURCH PERSONNEL:

Please describe or give your perception of this petitioner, i.e. credibility, sincerity, stability.

Signature of Church Personnel Submitting

(Date)

(Address of Parish of Affiliation)