



**TRIBUNAL
DIOCESE OF YOUNGSTOWN
141 West Rayen Avenue
Youngstown, Ohio 44503**

**FORMAL
ANNULMENT**

APPLICATION for DECLARATION of NULLITY of MARRIAGE

PETITIONER

RESPONDENT

NAME

(If woman, maiden name)

PRESENT LEGAL NAME

ADDRESS

DIOCESE of RESIDENCE

TELEPHONE

Home/Cell Phone

Work Phone

Home/Cell Phone

Work Phone

BIRTH DATE and PLACE

RELIGION at BIRTH

BAPTISM DATE

CHURCH and ADDRESS

RELIGION at MARRIAGE

PRESENT RELIGION

Date and Place of
PROFESSION OF FAITH

(Only if not originally Catholic)

FATHER'S NAME

FATHER'S RELIGION

MOTHER'S MAIDEN NAME

MOTHER'S RELIGION

CONCERNING THE PETITIONER

List all of Petitioner's marriages and divorces in chronological order (including present marriage, if applicable):

Name of Spouse	Marriage Date / Place	Divorce Date / Place	If marriage was declared null by Tribunal process, list Case # and Date
1.			
2.			
3.			

Does Petitioner's present/intended spouse have any prior unions? _____ How many? _____

If so, list here all of present/intended spouse's prior or pending Tribunal cases by name and number:

Is Petitioner involved in RCIA? _____ Is present/intended spouse involved in RCIA? _____

CONCERNING THE RESPONDENT

List all of Respondent's marriages and divorces in chronological order (including present marriage, if applicable):

Name of Spouse	Marriage Date / Place	Divorce Date / Place	If marriage was declared null by Tribunal process, list Case # and Date
1.			
2.			
3.			

CONCERNING MARRIAGE OF PETITIONER AND RESPONDENT

Month/Year You Met: _____ Month/Year You Began Dating: _____

Month/Year of Engagement _____ Date of Marriage _____

Place of Marriage _____ Was this: _____ Church
_____ Courthouse
_____ Residence
_____ Synagogue

Street Address _____ City _____ State _____ Zip Code _____

Witnessed by: _____ Catholic Priest Name of Officiant: _____
_____ Minister
_____ Civil Official Diocese in which wedding took place: _____
_____ Rabbi

Petitioner's Age at Marriage: _____ Respondent's Age at Marriage: _____

If marriage was not in Catholic Church, was this union later validated in the Church? ____ yes ____ no
If yes, date of validation: _____ Church of validation: _____

Date of Final Separation: _____ Was divorce or dissolution obtained? _____ Divorce
(When you last lived together) _____ Dissolution

Final Date of Decree: _____ Place _____ Case No. _____
County State

For Tribunal Use Only:
Dispensation or Permission: Type _____ Number _____
Date _____ Diocese _____

Were children born or adopted in this marriage: _____ yes _____ no

If yes, please list names and dates of birth and adoption:

NAME	Date of Birth	If Adopted, Date of Adoption
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Who has custody of the children? _____

TO BE SUBMITTED TO TRIBUNAL WITH PETITION

- Baptismal Record of Petitioner
- Baptismal Record of Respondent
- Church Marriage Record
- Premarital File *(for weddings in Catholic Church)*
- Civil Marriage License Application/Record
- Final Divorce/Dissolution Decree *(with court stamp)*
- Marital History *(at least 6 pages)*
- Other _____

Petitioner Signature

Church Witness Signature

Parish Name

Parish Address

Date

City

State

Zip

**PLEASE LIST THE NAMES AND ADDRESSES OF
AT LEAST SIX WITNESSES ON PAGE 4.**

List here all **EXPERT WITNESSES** whose assistance you sought before, during or after the marriage. (These can be priests, ministers, counselors, social workers, attorneys, psychiatrists, psychologists, doctors, etc.)

Name	Title	Name	Title
Address		Address	
City	State	Zip	City
Telephone	Telephone		
Dates Visited		Dates Visited	

List here the full name, address and relationship of witnesses who can testify on behalf of both the **Petitioner and the Respondent**. (These should be family, friends, neighbors, wedding party members, etc., who knew both parties during the courtship, at the time of the wedding, and/or during the early part of the marriage.)

WITNESSES (for Petitioner)	WITNESSES (for Respondent)
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(1)

Name	Name
Address	Address
City	State
Zip	City
Relationship	Telephone

(2)

Name	Name
Address	Address
City	State
Zip	City
Relationship	Telephone

(3)

Name	Name
Address	Address
City	State
Zip	City
Relationship	Telephone

(4)

Name	Name
Address	Address
City	State
Zip	City
Relationship	Telephone

INCLUDE NAMES AND ADDRESSES OF ADDITIONAL WITNESSES ON A SEPARATE SHEET.