



DIOCESE OF VENICE IN FLORIDA

Office of the Tribunal

**APPLICATION
DECLARATION OF SACRAMENTAL NULLITY
DUE TO A L A C K O F C A N O N I C A L F O R M**

Prot. Num.: _____

Date Received: _____

This application is intended for the use of marriages in which one party, at least, was a Catholic and who entered marriage without fulfilling the requirement of canonical form which has ended in civil divorce or dissolution, and who now wishes to enter a new marriage in the Catholic Church. Catholic law requires a catholic to contract marriage before the local ordinary, pastor, or a priest or deacon delegated by either of them unless previously dispensed from this obligation by the Diocesan bishop. [Can. 1108] Individuals who left the Catholic Church by “formal act” after November 26th, 1983 are not obliged to follow canonical form. [Can. 1117] For marriages contracted before January 1st, 1949, contact the Tribunal Office for special instructions.

REQUIRED DOCUMENTS

- A. A copy of the Catholic party or parties **baptismal certification, with all notations, issued within three months** of submitting this application;
- B. A copy of the civil marriage license and record of marriage from either the civil jurisdiction or the church entity;
- C. A copy of the civil decree of divorce or dissolution which demonstrates that the union ended in the eyes of the state;
- D. There if no processing FEE.

PETITION

I _____ a (Catholic - non Catholic), hereby petition to re-establish my freedom for a new marriage in the Catholic Church because my previous marriage with _____ a (Catholic or non Catholic) lacked proper canonical form. Our previous marriage ceremony took place in the presence of (Name) _____, a civil official/ minister/ rabbi on (date) _____ at (Site - City - State) _____ without the prior permission of the proper Diocesan bishop. A final civil divorce/dissolution was granted at _____ County, State of _____ on (date) _____.

(941) 484-9543

1000 Pinebrook Road, Venice, Florida, 34285
www.dioceseofvenice.org/tribunal

FAX (941) 484-1121

QUESTIONNAIRE FOR THE PETITIONER

1. Your full name (maiden name): _____
Present address: _____
Telephone: _____ Date of Birth _____ Place: _____
2. Your religion: _____ Do you presently practice? _____
3. Are you baptized? ___ In what denomination? _____
Date of baptism: _____ Church: _____ Address: _____
4. Full name of your former spouse (maiden name) _____
5. Was he/she baptized: _____ In what denomination? _____
6. Was this marriage the first marriage of your former spouse? ___ If not give the full names of his/her previous spouse(s).
7. Was this marriage with him or her, your first marriage? ___ If not please give the full names of your previous spouse(s)
8. Was a dispensation from canonical form obtained before your wedding? _____
If yes, please give name of Diocese granting dispensation _____
9. If you married after November 26, 1983, did either you or your former spouse receive a new baptism, make a profession of faith, give formal allegiance as a member of any non-Catholic Church, sect, or denomination, or formally leave the Catholic Church?
10. Did you or your former spouse at any time after marriage speak with a Catholic priest or deacon about having your marriage "blessed" or convalidated or sanated? _____
11. Did the two of you ever renew or say your vows before a Catholic official? _____
12. During this marriage, were either of you members of the Armed Forces? _____
If yes, who _____ Branch _____ From _____ to _____
13. Number of children born to this marriage: _____ Who has custody? _____
14. Names of two witnesses (i.e. parents, brothers, sisters) who can testify to the facts of this marriage
Name _____ Street Address _____
City _____ State _____ Zip code _____ Relationship _____
Name _____ Street Address _____
City _____ State _____ Zip code _____ Relationship _____
15. Have you entered a marriage after this one? _____ When?
With whom? _____ Is he/she a divorced person?
If yes please give name of church _____ Date of marriage
Location of church _____
16. Do you swear that all the answers you have provided are the full truth _____

Signature of Petitioner: _____

Signature of Priest/Deacon: _____

Parish Seal

Date: _____
Parish Name: _____
Address: _____
City/St: _____