

DIOCESE OF VENICE IN FLORIDA

Office of the Tribunal

**APPLICATION
DECLARATION OF SACRAMENTAL NULLITY
DUE TO A LACK OF CANONICAL FORM**

Prot. Num.: _____

Date Received: _____

PETITION

I _____ hereby petition to re-establish my freedom for a new marriage in the Catholic Church because my previous marriage with _____ lacked proper canonical form.

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 full names of previous spouse(s): _____

7. Was this marriage your first marriage? ____

If not give full names of previous spouse(s): _____

8. Was a dispensation from canonical form obtained? ____

If yes, Diocese granting dispensation: _____

9. Did either party formally leave the Catholic Church after Nov 26, 1983? ____

10. Did either party seek convalidation or sanation? ____

11. Did you renew vows before a Catholic official? _____

12. Armed Forces service? _____ Who: _____ Branch: _____
From: _____ To: _____

13. Number of children: _____ Custody: _____

14. Witness 1 Name: _____ Address: _____
City/State/Zip: _____ Relationship: _____

Witness 2 Name: _____ Address: _____
City/State/Zip: _____ Relationship: _____

15. Have you entered another marriage? _____ When? _____

With whom? _____ Church Name: _____

Date: _____ Location: _____

16. Do you swear all answers are true? _____

Signature of Petitioner: _____

Signature of Priest/Deacon: _____

Date: _____

Parish Name: _____

Address: _____

City/St: _____