

**Office Use Only**      Date Rec'd: .....

Case Name: .....

Case #: .....



## PETITION FOR A DECLARATION OF INVALIDITY

ARCHDIOCESE OF MILWAUKEE-METROPOLITAN TRIBUNAL · 3501 S. Lake Dr. · Milwaukee, WI 53235 · 414-769-3305 · tribunal@archmil.org

*This form must be filled out completely (please print or type), including information regarding the Respondent. It is the duty of the Petitioner to provide a viable address for the Respondent, and providing a wrong or incomplete address for the Respondent will cause serious delays in the case. If the Respondent is truly impossible to locate, please attach a record of your attempts at locating him/her.*

PETITIONER (YOU)	RESPONDENT (OTHER PARTY)
Current name: .....	Current name: .....
Maiden name (if applicable): .....	Maiden name (if applicable): .....
Present address: .....	Present address: .....
City: ..... State: ..... Zip: .....	City: ..... State: ..... Zip: .....
Telephone: .....	Telephone: .....
E-mail: .....	E-mail: .....
Date of birth: ..... City: .....	Date of birth: ..... City: .....
Baptized? Yes No      If so, date: .....	Baptized? Yes No      If so, date: .....
Church of baptism: .....	Church of baptism: .....
City: ..... State: ..... Zip: .....	City: ..... State: ..... Zip: .....
Age at time of wedding: .....	Age at time of wedding: .....
Your religion at time of wedding: .....	His/her religion at time of wedding: .....
Your religion currently: .....	His/her religion currently: .....

### CONCERNING THE RELATIONSHIP

Date when courtship began: .....	Length of courtship prior to engagement: .....
Date of engagement: .....	Length of engagement prior to wedding: .....
Date of wedding: .....	Length of marriage prior to divorce: .....
Church or place of wedding: .....	
Address of church or place of wedding: .....	
Minister or officiant of wedding: .....	Denomination (if applicable): .....
If a civil marriage, was it ever “blessed” / “validated” in the Catholic Church? Yes No      If so, where: .....	
Date of separation: .....	Date of divorce: ..... County, state of divorce: .....

### CHILDREN BORN OF THIS RELATIONSHIP

Name: ..... Date of birth: .....

Name: ..... Date of birth: .....

Name: ..... Date of birth: .....

Name: ..... Date of birth: .....

*Attach additional sheets as needed.*

*\* A declaration of invalidity does not make children illegitimate if at least one of the parties has given marital consent in good faith.*

Has either party ever petitioned for a declaration of invalidity of this marriage, whether from this tribunal or another tribunal?

Yes No If so, please indicate where and when: .....

### INFORMATION REGARDING OTHER MARRIAGES

Was this the first marriage for both of you? ..... ☐ Yes ☐ No

*Please indicate any other marriages contracted by either party, whether before or after the marriage in question. If more space is needed, please include those marriages on a separate sheet.*

☐ PETITIONER ☐ RESPONDENT

Spouse: .....

Check all that apply below:

Religion of spouse: .....

☐ If Catholic decree of invalidity, protocol #: .....

Date of marriage: ..... Location: .....

☐ If former spouse is dead, give date of death: .....

Was this marriage ever validated in the Catholic Church? .....

☐ If civil divorce, give date of divorce: .....

☐ PETITIONER ☐ RESPONDENT

Spouse: .....

Check all that apply below:

Religion of spouse: .....

☐ If Catholic decree of invalidity, protocol #: .....

Date of marriage: ..... Location: .....

☐ If former spouse is dead, give date of death: .....

Was this marriage ever validated in the Catholic Church? .....

☐ If civil divorce, give date of divorce: .....

*For each marriage, please enclose, if applicable, certified civil marriage license, death certificate, divorce decree, and Catholic declaration of invalidity.*

### PETITIONER'S CURRENT INTENTIONS

☐ I have no plans to enter marriage

**OR**

☐ Name of intended spouse: .....

Religion of intended spouse: .....

Has he/she ever been previously married? Yes\* No

*\*If yes, please note that this other person is not free to marry in the Catholic Church unless his/her previous spouse has died or the marriage is declared invalid consequent to a separate petition for a declaration of invalidity or a lack of canonical form.*

## WITNESSES

*You must provide witnesses who will attest to the facts and proofs alleged about the proposed ground(s) of invalidity. No fixed number of witnesses is required, but space is provided here to nominate four witnesses. Attach additional sheets as needed to propose more witnesses. You should contact these witnesses in advance to ensure that they are willing to testify.*

<b>WITNESS # 1</b>	<b>WITNESS # 2</b>
Name: .....	Name: .....
Address: .....	Address: .....
City ..... State. .... Zip. ....	City ..... State. .... Zip. ....
Telephone: .....	Telephone: .....
E-mail: .....	E-mail: .....
Date of birth: .....	Date of birth: .....
Relationship to the parties: .....	Relationship to the parties: .....
When did you meet: .....	When did you meet: .....
<b>WITNESS # 3</b>	<b>WITNESS # 4</b>
Name: .....	Name: .....
Address: .....	Address: .....
City ..... State. .... Zip. ....	City ..... State. .... Zip. ....
Telephone: .....	Telephone: .....
E-mail: .....	E-mail: .....
Date of birth: .....	Date of birth: .....
Relationship to the parties: .....	Relationship to the parties: .....
When did you meet: .....	When did you meet: .....

**I have contacted the witnesses named above, and they have agreed to testify. Initial: .....**

## NECESSARY DOCUMENTS

*Please enclose recently issued baptismal certificates (or profession of faith) (issued within the last 6 months for Catholic parties; contact your church of baptism), a certified civil marriage license, and the complete civil divorce decree (if applicable). Initial below for enclosure. Your petition may be returned if any are absent.*

Baptismal Certificate: . . . . . Marriage License: . . . . . Divorce Decree: . . . . .

### ***Fees for the Process:***

*There are many expenses involved in the operation of an ecclesiastical tribunal (e.g., salaries, postage, supplies, etc.). Many tribunals pass on a portion of those expenses to the parties who request their services. If the expenses are not borne by the parties, they are borne by the Church, which ultimately means by the other people in the pews. In the Archdiocese of Milwaukee, the operating expenses of the tribunal are covered in part by contributions from our parishes, while the remaining cost of \$525 is the responsibility of the Petitioner. Your \$50 application fee is applied to the total cost.*

### ***Right to an Advocate:***

*The Tribunal cannot currently provide a canonical advocate for you. If you have any questions, please contact the Tribunal directly.*

### ***Please sign and date the statement below:***

I recognize that the materials gathered for this judicial process are open to the officials of the Tribunal and are available for review by the psychological and other experts used by the Tribunal **and by the Respondent**.

I understand that no guarantee can be made as to the outcome of the case, that no definite time frame for a completion date can be established, and that **no date for a new marriage can be set by a parish priest or deacon unless an affirmative decision is issued and no appeal has been made by either party or the Defender of the Bond.**

I understand that the burden of proof is on me to overturn the legal presumption that my marriage is valid (c. 1060).

I swear before God and my conscience that all the information given in this petition is true insofar as I know.

.....  
Signature of Petitioner

.....  
Date

## INITIAL QUESTIONS

*Please answer the following questions in order to provide a brief background of the relationship. Your answers to these questions will be part of the acts (evidence) of the case.*

1. Briefly describe your family life as you were growing up. Do not use “normal” to describe your family.
2. Were there any problems or issues in your family as you were growing up that you did not identify above?
3. Briefly describe the respondent’s family life as they were growing up. Again, do not use “normal” as part of the description.
4. Were there any problems or issues in the respondent’s family that you did not identify above?
5. Have you ***ever*** been diagnosed with a mental health issue of ***any*** kind?  
If yes:
  - When were you diagnosed?
  - What was the diagnosis?
6. Has the respondent ever been diagnosed with a mental health issue of any kind?  
If yes:
  - When were the respondent diagnosed?
  - What was the diagnosis?
7. Have you experienced any trauma in your life?  
If yes, what kind?
8. Has the Respondent experienced any trauma in their life?  
If yes, what kind?
9. **When** and **how** did you and the respondent meet?

10. Please describe your dating relationship with the respondent. Again, don't use "normal" in your description. Include the good times and any issues/problems you might have faced during that time.
11. How did the decision to marry come about?
12. Was there any pressure on you or the respondent to marry?  
If yes:
- **Who** was being pressured?
  - Who was exerting the pressure?
  - What would have happened if the one being pressured had refused to get married?
13. At the time of the wedding, were you open to having children with the respondent?  
If not, please explain the reason
14. At the time of the wedding, was the respondent open to having children with you?  
If not, please explain the reason
15. Was having or not having children an issue during your marriage to the respondent?  
If yes, please explain
16. Was anything done to prevent conception during the marriage?  
If so:
- What was done?
  - Were you both in agreement with that decision?

17. At the time of the wedding, was it your intention to stay in the marriage until death, no matter what might occur during the marriage?

If not, please explain the reason.

18. At the time of the wedding, was it the respondent's intention to stay in the marriage until death, no matter what might occur during the marriage?

If not, please explain the reason.

How do you know this?

19. At the time of the wedding, was it your intention to be faithful to the respondent throughout your marriage?

If not, please explain the reason.

20. At the time of the wedding, was it the respondent's intention to be faithful to you throughout your marriage?

If not, please explain the reason.

How do you know this?

21. Was infidelity an issue during the time you and the respondent were dating and/or engaged?

If yes, who was unfaithful?

22. Was infidelity an issue during your marriage to the respondent?

If yes:

- Who was unfaithful?
- When did the infidelity begin?

.....  
Signature of Petitioner

.....  
Date

## ***Libellus***

*Complete this page as thoroughly and carefully as possible. Please print. This page will be sent to the Respondent.*

I, \_\_\_\_\_, the Petitioner, respectfully request the Tribunal of the Archdiocese of Milwaukee to declare invalid my marriage to \_\_\_\_\_, the Respondent, which we contracted on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Name of Church/Courthouse/Other) in \_\_\_\_\_ (City, County, State, Country).

State the **main** reasons you believe your marriage was invalid from the time of your exchange of vows with the Respondent. Please print.

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To provide proofs in support of this, I name as witnesses: \_\_\_\_\_

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**Please complete and return in the self-addressed stamped envelope provided with a copy of your ID. Your case will not move forward until we receive this back from you.**

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Date