



ARCHDIOCESE OF
NEW ORLEANS

Metropolitan Tribunal

7887 Walmsley Avenue, New Orleans, LA 70125
(Phone): 504-861-6291 (Fax): 504-861-9525

Tribunal Use Only

Petitioner

Respondent
Protocol No.: 201 ___-9 _____

TYPE OR PRINT ALL INFORMATION

**PETITION FOR A DECLARATION OF FREEDOM TO MARRY
BECAUSE OF LACK OF CANONICAL FORM ON THE ATTEMPTED MARRIAGE**

E-mailed documents will not be accepted

I, the Petitioner, do hereby promise and swear to reveal the whole truth, nothing but the truth in my replies to this questionnaire, so help me God.

PETITIONER:

NAME:

First Middle Maiden Last

ADDRESS:

Street/P.O. Box City State Zip

DATE OF BIRTH:

_____ Telephone: (Home): _____

(Wk): _____ (Cell): _____

RELIGION AT THE TIME OF THE MARRIAGE _____

RESPONDENT:

NAME:

First Middle Maiden Last

ADDRESS:

Street/P.O. Box City State Zip

DATE OF BIRTH:

_____ Telephone: (Home): _____

(Wk): _____ (Cell): _____

RELIGION AT THE TIME OF THE MARRIAGE _____

1. CHURCH OF BAPTISM OR PROFESSION OF FAITH OF THE CATHOLIC PARTY (If both parties are Catholics, provide information for the Petitioner only)

Date of Baptism or Profession of Faith _____ Rite: ___ Latin ___ Eastern

Name of Church _____

Address: _____
Street/P.O. Box City State Zip (9 digits)

Has the Catholic party ever officially joined a non-Catholic Church? ___ Yes ___ No
If Yes, state denomination _____ and date of membership _____

2. MARRIAGE INFORMATION FOR THIS MARRIAGE

Place of Marriage _____ Date of Marriage _____
City State

Name of Diocese _____

Officiant: (check one) Civil Official Deacon Rabbi
 Orthodox Priest Catholic Priest Minister

Name of Officiant: _____

If Minister, state denomination: _____

Address of the Catholic Party at the time of the marriage _____
Street/P.O. Box
City State Zip Code (9 digits)

After March 25, 1967, a marriage between a Catholic and a baptized Eastern Rite non-Catholic without the intervention of a Sacred Minister of the Eastern Church IS NOT VALID due to a Lack of Form (C. 1127, §1).

3. VALIDATION

Was your civil marriage validated (“blessed”) by an official representative of the Catholic Church? ___ Yes ___ No

4. DISPENSATION

For marriages performed after October 1, 1970, the priest or deacon is to question the Catholic party as to whether or not a dispensation from canonical form was requested and granted for this marriage (C. 1127,2).
Was there a dispensation from canonical form granted before this marriage? ___ Yes ___ No

5. CIVIL DIVORCE

Civil Divorce: _____
Month Date Year Number City/County State

Are the obligations of justice, which he or she has toward his or her former spouse and their offspring, being satisfied (C.107I)? ___ Yes ___ No

6. PRIOR MARRIAGES

Were you or your former spouse married prior to this marriage (civil or ecclesial): ___ Yes ___ No
If yes, list marriages providing the following information. If more room is needed, please add another page.

o NAME OF SPOUSE: _____ RELIGION: _____
Last (Maiden, if woman) First

DATE OF MARRIAGE _____ PLACE OF MARRIAGE _____
Month Date Year Where City State

CIVIL DIVORCE: _____
Month Date Year Number City/County State

o NAME OF SPOUSE: _____ RELIGION: _____
Last (Maiden, if woman) First

DATE OF MARRIAGE _____ PLACE OF MARRIAGE _____
Month Date Year Where City State

CIVIL DIVORCE: _____
Month Date Year Number City/County State

DOCUMENTS ENCLOSED: Please check the documents enclosed

- A Copy of the Baptism Certificate/Profession of Faith for the Catholic party or parties, issued within last 6 months.
- A Copy of the Marriage Certificate.
- A Copy of the Divorce Decree.
- Any other document. Please specify.

SIGNED: Petitioner _____ Date _____

SIGNED: Procurator _____ Date _____

PRINT: Name of Petitioner _____

PRINT: Prefix Name _____

Street/P.O. Box _____

Church Name _____

City _____ State _____ Zip Code _____

Street/P.O. Box _____

Phone Number: _____

City _____ State _____ Zip Code _____

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____ Yes ____ No Record of Dispensation Prot. No _____ Year: _____

____ Yes ____ No Record of Sanation Prot. No _____ Year: _____

____ Yes ____ No Letter to Arch/Diocese of _____ To check for dispensation/sanation

Information checked by (Ecclesiastical Notary): _____ Date: _____

____ Yes ____ No Declaration of freedom to marry granted.

Judicial Vicar or Delegate

Date