



DIocese OF OGDENSBURG

Tribunal and Office of Canonical Affairs

622 WASHINGTON STREET • P.O. BOX 369 • OGDENSBURG, NEW YORK 13669
TELEPHONE: 315-393-2920 • FAX: 1-866-314-7296

DEFECT OF CANONICAL FORM

INSTRUCTIONS

1. Priest, Deacon or Pastoral Minister should fill out this form when questioning the petitioner.
2. Separate forms should be used for **each** marriage of the petitioner entered **without** Canonical Form.
3. Petitioner should take an oath of truthfulness.
4. Documents:
 - Baptismal certificate (dated within 6 months) should be submitted for the Catholic party
 - Marriage license with the name of the officiant
 - Divorce/civil certificate **should** accompany this request
5. A declaration of nullity for lack of Canonical Form does **not** carry with it any dispensations or permission for remarriage, should they be necessary. Such items must be obtained from the Chancery Office.
6. Make sure that the intended spouse is free to marry.
7. Petitioner will be required to name two witnesses and provide addresses so they may be Contacted by the Tribunal Office to complete a brief affidavit.

No wedding or convalidation should be scheduled until this request is granted.



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YOURSELF

FORMER SPOUSE

PRESENT NAME
MAIDEN NAME
ADDRESS
TELEPHONE
OCCUPATION
DATE OF BIRTH
PLACE OF BIRTH
PRESENT RELIGION / PRACTICE
PREVIOUS RELIGION
DATE OF BAPTISM
CHURCH OF BAPTISM AND DENOMINATION
FATHER'S NAME
MOTHER'S MAIDEN NAME
ADDRESS OF PARENTS

1. Have you ever approached a Catholic Marriage Tribunal before? _____ If yes, please explain.
2. Regarding the marriage to be declared invalid:
 - a) When did this marriage take place?
 - b) Where did this marriage take place?
 - c) Give the name and title of the officiant.
 - d) Was this the first marriage for both of you?
 - e) How long did you go together?
 - f) Explain briefly any problems in courtship.
 - g) Why did you marry out of the church?
 - h) Explain the attitude of your parents regarding this marriage.
 - i) How long did you live together as husband and wife?
 - j) Please explain briefly the problems that arose in this marriage.
 - k) Why do you think the marriage failed?
 - l) To what extent do you feel that you were responsible for the failure of this marriage?
 - m) To what extent do you feel the other party was responsible for the failure of this marriage?
 - n) Where and when did the divorce/civil annulment occur?
 - I) Who obtained the divorce?

- o) Were any children born of this union?
 - I) How many and their date of birth?
 - II) If so, who has custody?
 - III) To what extent are you providing for their welfare?

- 3. Was a **DISPENSATION** from Canonical Form granted? _____ If yes, where.

- 4. Was this marriage ever convalidated by an exchange of consent in the presence of a priest and two witnesses? _____ If yes, explain.

- 5. Was a **SANATIO IN RADICE** obtained? _____ If yes, explain.

- 6. Please list all the places in which you resided during the time of this marriage (please use the back of this page to list any additional residences):

name	address	how long
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name	address	how long
------	---------	----------

name	address	how long
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- 7. Whom do you wish to marry? _____
 - I) What is this person's religion?

 - II) When and where was this person baptized?

 - III) Is this person free to marry?

8. Witnesses

The following two witnesses

1. _____
(NAME) (RELATION) (ADDRESS)

2. _____
(NAME) (RELATION) (ADDRESS)

swear under oath that _____, a baptized Catholic, never had his/her marriage
(Catholic Party)
with _____ convalidated or sanated - and no dispensation from
(Former Spouse)
Canonical Form was granted.

Signature of Petitioner

TO BE COMPLETED BY THE PRIEST, DEACON OR PASTORAL MINISTER:

- a) How long and how well have you known the petitioner?
- b) How familiar are you with this person's marital problems?
- c) Your assessment of this person's character and truthfulness.
- d) Your recommendation that this declaration be granted and the party free to marry.
- e) Feel free to add additional comments.

Sworn in my presence this _____ day of _____, 20_____ at

_____.

Signature of Priest/Deacon/Pastoral Minister

Address