



APPLICATION CHECKLIST: ORDINARY PROCESS FOR NULLITY OF MARRIAGE

The Lord spoke to Moses and said, Say this to the Israelites: These are the rules for anyone who inadvertently transgresses any of the commandments of the Lord and does anything prohibited by them Lev. 4, 1-2.

Please make sure that all of the materials required to process your cause are properly submitted together. Please print single-sided. Use this checklist to make sure you have included everything.

Documents and Papers Requiring **Signature(s)** of Petitioner and Advocate

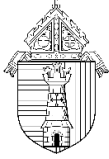
- Appointment of Procurator/Advocate Form**
- Libellus** (Formal Petition)
- Application** (including *Facts Sheets, Witness Form, Statement of Understanding, and Donation Form*)
- Advocate's Initial Brief** – *cover letter; only needs Advocate's signature*

Required Civil and Ecclesiastical (Church) Documents

- A recent (last 6 months) baptismal certificate** with all notations or proof of Profession of Faith for the Petitioner and/or Respondent if she/he was Catholic or joined the Catholic Church. *When applying for this document from your parish of baptism, please be sure to ask for "notations" to be included;*
- Civil Application for Marriage License** (ask specifically for this exact form from the county where you obtained your marriage license) with attached **Certificate of Marriage**;
- Catholic Marriage Certificate** for anyone married in the Catholic Church;
- Civil Divorce/Dissolution Decree** (which must include the official stamp showing the filing date);
- Complete Separation Agreement**;
- Legal change of name** if not documented in the civil termination papers

If your marriage took place in your parish, please request a COPY of the Prenuptial File from the pastor or parish secretary for inclusion with other required documents.

No petition will be accepted until all required signatures and/or documents and forms have been submitted to the Tribunal by mail. Return this checklist with your application. Be sure to duplicate any document you may be submitting for any other former marriage.



Toledo Diocesan Tribunal
 www.toledodiocese.org
 1933 Spielbusch Avenue
 Toledo, OH 43604
 Ph. 419.244.6711

**APPOINTMENT
 OF PROCURATOR/ADVOCATE
 FOR THE PETITIONER**

This is an official document which affects your rights; please read carefully.

It is required for Petitioners who want an Advocate and are submitting petitions via the Ordinary, Documentary, or Abbreviated Processes.

I, the undersigned Petitioner in the above captioned matter humbly submitted before the Tribunal of the Diocese of Toledo, mandate the appointment of the pastoral minister whose name appears at the bottom of this form as my Procurator and Advocate to represent me, with the full faculty of performing in my name all useful and necessary acts in the processing of my cause before the Court of the First Grade, the Diocese of Toledo, and in all other grades of Trial. I have kept a copy of all the materials I am submitting.

Petitioner's Printed Name

Signature of Petitioner

Date

ACCEPTANCE OF THE MANDATE OF THE PETITIONER

I, the undersigned pastoral minister, have carefully and thoroughly reviewed this petition with the Petitioner, and have explained the meaning and importance of each of the forms. All required documents are enclosed. I have retained a copy of all materials for my personal records so that I may faithfully discharge my obligations in this matter.

I hereby accept the Mandate of the Petitioner and Appointment by the Tribunal to serve as Procurator and Advocate for the Petitioner. In assuming this function, and agreeing to assist the Petitioner, I understand that it is my obligation in Law to regularly contact the Tribunal on the progress of this case.

Procurator/Advocate's Printed Name

Signature of Procurator/Advocate

Date

Full Mailing Address of Procurator/Advocate

** Please note that a party may appoint as many Advocates as desired, but only one Procurator (cf. c. 1482). One person is allowed undertake both functions simultaneously if desired.*

FACTS OF THE MARITAL CONSENT BEING EXAMINED

PETITIONER	RESPONDENT
Full name	
(Maiden name)	
Street address*	
City, state, zip	
Telephone/cell phone	
Email address	
Birth date	
Age when married	
Religion when married	
Religion of baptism	
Date of baptism	
Parish of baptism	
Address of church	
City, state, zip	
Current religion	
Parish now attending	
Name of mother	
Her current address	
City, state, zip	
Name of father	
His current address	
City, state, zip	

** This is absolutely required. If you truly have no idea where the Respondent lives, please see page 10.*

THE RELATIONSHIP

Estimated date courtship began: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	Length of courtship: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Date of engagement: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	Length of engagement: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Date of marriage: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	Length of marriage: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Church or place of marriage: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
Address of church or place of marriage: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
Name of minister/officiant of marriage: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	Denomination (if applicable): <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
City, state, county of marriage license: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	Application for Marriage License file no.: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>

If the ceremony was not performed in a Catholic rite, was it ever convalidated or sanated (“blessed”) by the Catholic Church? No Yes, at _____ Church.

Was a dispensation required for a marriage to be held outside the ordinary form, or for a Disparity of Cult? No Yes,* protocol number: _____

**Please contact the parish where the marriage file is retained in order to get this number¹*

Who obtained the civil **divorce** **dissolution?** Me Respondent Both/Joint

Date of separation: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	Date of civil divorce/dissolution from file stamp on the decree: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
File number of divorce/dissolution decree: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	County and state of divorce/dissolution: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>

¹ The parish is generally the territorial parish of the parties or that where the non-Catholic place of marriage is located.

CHILDREN OF THIS MARRIAGE

Full name: []	Date of birth: []
Full name: []	Date of birth: []
Full name: []	Date of birth: []
Full name: []	Date of birth: []
Full name: []	Date of birth: []
Full name: []	Date of birth: []

(Be sure to include any adopted children. Attach additional sheets as needed)

Who was awarded principal custody? Me Respondent Other

Who has primary custody now? Me Respondent The children are now adults

Has child support assessed by the Court been fully met? Yes No (explain):

PETITIONER'S CURRENT INTENTIONS

Please check all that apply:

- I have no plans to enter marriage
- I am engaged to be married or seriously dating someone
- I have already entered a new civil marriage

Full name of significant other: _____

Address: _____

Religion: _____

Has he/she been Yes*
previously married? No

** Please note that this person is not free to marry in the Catholic Church unless his/her spouse has died or a declaration of nullity/lack of canonical form has been obtained.*

PETITIONER'S WITNESSES

The examination of consent in the Ordinary Process requires the submission of witnesses who can testify to events occurring at and around the time of consent to marriage. Think back to the time of the wedding and consider several names which come to mind. Contact at least four of those people, invite them to honestly and objectively share what they recall (please be sure to give them permission to speak their mind), and list here the names of those who agree to assist.

WITNESS 1	WITNESS 2
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Relationship: _____	Relationship: _____
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other:	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other:
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Relationship: _____	Relationship: _____
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other:	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other:

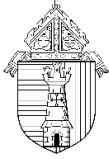
I certify that I have personally contacted each of the above named witnesses and have obtained their agreement to assist in arguing my case. Each of them expects a questionnaire and has agreed to return it promptly.

You may wish to submit the name(s) of any professional(s) you consulted regarding the marriage or your own psychological health. If you do, a release of confidentiality will be sent to you before we contact the professional(s) listed. The information they provide will be available to you, members of the Tribunal staff, your former spouse, and any appeals Tribunals.

Name: _____	
Address: _____	
Phone: _____	
Dates of consultation: _____ to _____	<input type="checkbox"/> Joint <input type="checkbox"/> Individual <input type="checkbox"/> Both
Name: _____	
Address: _____	
Phone: _____	
Dates of consultation: _____ to _____	<input type="checkbox"/> Joint <input type="checkbox"/> Individual <input type="checkbox"/> Both

Signature of Petitioner

Date



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**STATEMENT OF
 UNDERSTANDING
 MARRIAGE NULLITY:
 ORDINARY PROCESS**

Please sign and date the statement below:

I believe that the above-mentioned marriage may have been invalid according to the law of the Catholic Church based on the facts and proofs that are proposed herein, and I request that the Tribunal of the Diocese of Toledo judge whether this marriage is proven to be invalid.

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 Respondent and any psychological and other experts used by the Tribunal in the course of this process. I understand that my *libellus* (formal petition) will be sent to the Respondent to ensure that his/her rights are protected in this process.

I understand that it is my duty to provide a viable address for the Respondent in my *libellus* (Formal Petition), and providing a wrong or incomplete address for the Respondent will cause serious delays in the case.

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 recognize that this process is a purely ecclesiastical one and has no effect whatsoever on United States federal or state civil law.

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 of the above information provided in this Application is true to the best of my knowledge and memory.

Petitioner's Printed Name

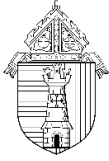
Signature of Petitioner

Date

Procurator/Advocate's Printed Name

Signature of Procurator/Advocate

Date



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**DONATION FORM
MARRIAGE NULLITY:
ORDINARY PROCESS**

Remember: sparse sowing, sparse reaping; sow bountifully, and you will reap bountifully. Each person should give as he has decided for himself; there should be no reluctance, no sense of compulsion; God loves a cheerful giver. And it is in God’s power to provide you richly with every good gift; thus you will have ample means in yourselves to meet each and every situation.

II Cor. 9, 6-8

The Diocesan Tribunal is a pastoral ministry of the diocesan church and, like any other ministry, requires people who do the work and must be specially trained, offices where the work can be done, paperwork, utilities, and insurance. Given the costs incurred for staff salaries, insurance, office expenses and the like, the ordinary ‘cost’ of the process to investigate a marriage is \$800. As a matter of justice, 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. Thanks to the generous support of the People of God, the Annual Catholic Appeal (ACA) funds the work of the Toledo Diocesan Tribunal. However, should you wish to offer a donation to help defray this cost and to support the ministry of the Tribunal, your gift would be greatly appreciated.

Total amount Petitioner wishes to offer \$ _____

Checks should be made out to “Diocese of Toledo.”

Petitioner’s Printed Name

Signature of Petitioner

Date

Advocate/Procurator’s Printed Name

Signature of Advocate/Procurator

Date

SUBSTANTIATION OF RESPONDENT WHEREABOUTS UNKNOWN

A declaration of nullity affects two people: you and your divorced spouse (the Respondent). Both of you have rights in the process and ought to be actively involved. If you truly do not know the whereabouts of the Respondent, please indicate the steps you have taken to attempt to find that person.

Please attach documentation for each action taken, e.g., a print out from an internet search (such as www.whitepages.com) and copy any discussions with the Respondent's relatives, friends, co-workers, etc.

Please be diligent in your attempts to locate the Respondent, mindful that if you do not sufficiently document those attempts, the Tribunal staff will do an independent search. If any monetary expenses are incurred as a result of such searches by the Tribunal staff, the cost will be billed to you.

Date:	Action Taken:
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Result:

Date:	Action Taken:
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Result:

Date:	Action Taken:
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Result:

Date:	Action Taken:
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Result:

Signature of Petitioner

Date

Signature of Advocate

Date