



Roman Catholic Archdiocese of St. John's

Chancery Office

Revised 18 November 2016

DECLARATION OF INVALIDITY — LACK OF FORM LIBELLUS-PETITION

SECTION A

1. I, _____, _____ married
First name, surname at birth (**applicant**) My **Religion**

_____, _____ in
First name, surname at birth (**other party**) Their **Religion**

_____, on _____
City, town, province or state Month, day, year

Before a _____ Civil Official _____ Orthodox Priest
_____ Minister _____ Rabbi

Name of person who officiated your wedding _____

2. I live at _____
Street, apt. #, city, town

Province, Postal Code, Telephone Number, E-mail

My Date and Place of Birth _____

Date and Place of my Baptism _____

3. My Former Spouses current name is: _____

4. His/her present address & phone number

Former Spouse Date and Place of Birth _____

Former Spouse Date and Place of Baptism _____

SECTION B

5. I enclose with this petition:
____ a recent Certificate of Catholic Baptism of myself and/or the other party (issued in the last 6 months).
____ Certificate of Marriage which **shows clearly the name and title of the Officiant.**
____ Certificate of Divorce
6. Please provide answers to the following questions on a separate piece of paper.
- a. For what reason(s) did you choose not to be married in the Roman Catholic Church?
 - b. After the wedding, did you or your spouse speak to a Catholic priest about having the marriage recognized in the Roman Catholic Church? Please provide details.
 - c. Please list any children and their ages born of the marriage.
 - d. Please give a brief history of the relationship addressing time and length of courtship, did you live together before marriage, any problems before the marriage, the reasons for getting married, problems during married life, times of separation, including final separation and any other relevant details you wish to add.

SECTION C

7. The following witnesses have testified **under oath** that this marriage was never convalidated in the presence of a Catholic priest and that no other impediments prevent the petitioner from marrying in the Catholic Church.

a) _____
Name Address Relation

b) _____
Name Address Relation

8. Places of residence during the period of marriage. Please indicate dates when you lived at each place of residence.

Place of residence Date

Place of residence Date

Place of residence Date

9. I have a civil divorce: Yes _____ No _____

 Date granted Place granted # of decree

10. I wish to marry _____
 Name Address

on _____ at _____
 Date Name of Church Address

11. I solemnly swear that the statements made above are true, that the marriage in question has never been convalidated in the presence of a Catholic priest and that I am not aware of any impediments preventing a future marriage in the Catholic Church.

 Signature of Applicant (Present name) Date

SECTION D

(To be completed by Parish Priest)

12. I, the undersigned, am morally certain that the marriage in question was never convalidated in the Catholic Church and that there are no other impediments preventing marriage in the Catholic Church.

 Date Signature of Priest Parish

13. This space is for additional information, if necessary:

- a) Explanation of discrepancies in names or dates.
- b) Reasons, if any, to suspect marriage may have been convalidated or sanated.
- c) Reasons, if any, why the required documents are impossible to obtain.
- d) Additional Comments

Signature of Priest

Parish

Date

Declaration of Nullity — Lack of Form Petition

THIS SPACE RESERVED FOR CHANCERY USE

- A. Proof of Obligation to Canonical Form: Applicant _____ Other Party _____
 - i. Date and Place of Catholic Baptism _____
 - ii. Date and Place of Confirmation _____
 - B. Statement of Other Party if provided _____
 - C. Dates and details of Document Searches _____
- _____
- _____
- _____
- _____

DECLARATION OF NULLITY

I, the undersigned (Delegate of the) Ordinary, am morally certain that the marriage in question is invalid by reason of lack of form.

_____ Date
 Ordinary/Delegate

Date and Church of Petitioner’s intended marriage:

_____ Date
 Church