



ARCHDIOCESE OF BOSTON

THE METROPOLITAN TRIBUNAL
66 Brooks Drive, Braintree, MA 02184-3839
Telephone: 617-746-5900 / Fax: 617-779-4566

Prot. No. _____
Supplied by Tribunal

PETITION FOR A DECLARATION OF NULLITY IN A LACK OF FORM CASE

Petitioner

Respondent

Full name: _____
Gender: Male/Female

Maiden Name
(If applicable): _____

Full mailing
Address: _____

Phone Number: _____

Birth date: _____

Baptism date: _____

Church of Baptism
& Address: _____

Religion at time
of this marriage: _____

Date and place
of reception into
the Catholic Church,
(if applicable): _____

Is the Respondent still living? YES NO

Date and place of wedding (include, as applicable, name of church, city, state and country):

Wedding performed by (full name): _____

Title (e.g., Justice of the Peace, Unitarian Minister, etc.): _____

Did the Catholic party or parties to this marriage ever join a non-Catholic church by baptism or any other formal ceremony prior to this wedding? If the answer is yes, please contact the Tribunal before submission of this form.

Circle One: YES NO

Did this couple ever have this wedding validated in a wedding ceremony by a Catholic priest or deacon?

Circle One: YES NO

If this marriage was never validated in a Catholic ceremony, please explain why this was not done. _____

Date and place of civil divorce or annulment: _____

Protocol Number shown on final divorce or annulment decree: _____

Has the Petitioner entered any other marriage, whether civil or religious? If the answer is yes, please elaborate on a separate sheet of paper, providing the dates of other marriages, the approximate dates of divorce(s) and/or death of other spouse, etc.

Circle One: YES NO

AFFIDAVITS

I do hereby solemnly swear that the information contained in this document is true, to the best of my knowledge, so help me God.

Signature of Petitioner

Date

Signature of Priest/Deacon/Pastoral Associate

Date

Printed Name of Priest/Deacon/Pastoral Associate: _____

Name and mailing address of parish: _____

Seal of Church

FOR TRIBUNAL USE ONLY:

DECISION/DATE: _____ Fee Submitted: _____

JUDICIAL VICAR: _____