

The Tribunal of the Diocese of Fort Worth exercises its ministry, grounded in the teaching of the Catholic Church, in a spirit of reconciliation and compassion, always with the utmost confidentiality. Beyond arriving at a decision of invalidity, the Tribunal is equally concerned about the spiritual welfare of the parties involved, ever mindful of the importance of facilitating spiritual closure following divorce.

Inasmuch as the Catholic Church accepts all marriages as valid, whether in the Catholic Church or not, any previous marriage is an impediment to a new marriage in the Catholic Church. While supporting the validity and permanence of marriage, the Church offers to review a marriage that has ended in divorce. Therefore, the Church examines the marriage in detail to determine if, right from the start, some essential element was missing in the relationship. Fairness and justice require that the Tribunal has adequate information in order to make a responsible and just decision.

A declaration of invalidity is a decision by the Church, derived from the information supplied by the parties and witnesses, that on the wedding day the union lacked some element essential to marriage as the Catholic Church views it. A declaration of invalidity has no civil effects, nor does it make the children illegitimate. Such action does not imply or assign blame for the ending of a marriage.

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Petition for a Declaration of Invalidity
Instructions

*PLEASE READ THIS PAGE CAREFULLY AND KEEP FOR FUTURE REFERENCE

Your petition for a Declaration of Invalidity consists of three parts:
The *Documents*, the *Application*, and *Petitioner's Questionnaire*.

Part I – *Documents*

The completed petition must be accompanied by the following documents:

- A. *Current* copy of Baptismal Certificate OR Profession of Faith with notations, issued within the last 6 months, for petitioner and former spouse, if one or both are Catholic.
- B. Copy of the *Civil* Marriage License.
- C. Copy of the Church Marriage Certificate (*if married in the Catholic Church*).
- D. Certified copy of the entire final Civil Divorce Decree (*with amendments, if applicable*).

Part II – *Application*

- A. Each piece of information in the application is important to the processing of your case. Please do not leave any blanks.
- B. Sign everywhere “Petitioner” signature is required.

Part III – *Petitioner's Questionnaire*

To be completed with the assistance of your Tribunal Advocate.

Part IV – *Respondent's Signature*

The Respondent's Signature is only required if the following conditions are met:

- Both parties agree with the request of Declaration of Invalidity of the marriage.
- Both parties agree on the facts that prove the invalidity of the marriage.

*If both parties do not agree on the conditions above: the signature parts for the respondent with (***) can be left blank.*

WHEN YOUR TRIBUNAL ADVOCATE SUBMITS YOUR CASE AND ALL THE MATERIALS
REQUESTED ABOVE THE TRIBUNAL WILL BEGIN REVIEW.

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FOR ADVOCATE USE ONLY. Please fill the required Checklist for the case. Cases cannot be submitted without this checklist on top of all the documents.

CHECKLIST

Instructions

Advocates please make sure all the boxes have been checked before submitting case to the Tribunal Office. No box can be left unchecked. Please organize the case according to this checklist starting with the Acknowledgement page and ending with the Summation of the Facts of the Case.

- Acknowledgement** - Signed by Petitioner, **Respondent** (only if applicable) and Advocate
- Mandate of Appointment** - Signed by Petitioner, **Respondent** (only if applicable) and Advocate
- Libellus** - Signed by Petitioner
- Application** - Please do not leave any blanks. Write n/a were not applicable
- Agreement for the Petitioner** - Boxes checked, signed by Petitioner and Advocate
Agreement for the Respondent - Boxes checked, signed by **Respondent** (only if applicable) and Advocate
- Confidentiality Release for the Petitioner** – Signed, if professional counseling received
Confidentiality Release for the Respondent – Signed, if professional counseling received (only if applicable)
- Summation of the facts of the case** – Filled out by Advocate and signed by Advocate

Supporting Documents

The following supporting documents must be at the back of all the documents mentioned above.

- Marital Assessment
- Questionnaire
- Current copy of the Baptismal Certificate OR Profession of Faith –issued within the last 6 months
- Copy of the Civil Marriage License
- Copy of the Church Marriage Certificate (*if married in the Catholic Church*)
- Certified copy of the entire final Civil Divorce Decree (*with amendments, if applicable*)

Signature of Advocate: _____ Date: _____

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ACKNOWLEDGMENT

As the process required to complete a Declaration of Invalidity in the Catholic Diocese of Fort Worth requires a significant amount of time, I understand that I cannot be given a date by which the process will be completed.

I further understand that there is no guarantee that an affirmative decision will be reached in my petition for a Declaration of Invalidity. **

I acknowledge that if I am currently civilly married to or plan to marry someone who has been previously married (and whose former spouse(s) is/are still alive) his/her marriage case(s) need to be resolved in the affirmative prior to celebrating a marriage in the Catholic Church.**

I have been informed by my advocate that I cannot set a date for a future wedding in the Catholic Church until: **

- I have received a letter from the Tribunal informing me that an affirmative decision has been reached **AND****
- I have completed any counseling or marriage preparation that is required by the judges in my case. **

Signature of Petitioner

Signature of Respondent**

Signature of Advocate

Date

*****I the respondent agree with the request of Declaration of Invalidity of the marriage.
I the respondent agree on the facts that prove the invalidity of the marriage.***

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Mandate of Appointment

Petitioner and Respondent

I, the undersigned, _____,
Full, Legal Name (Petitioner)

and I, the undersigned, _____,
Full, Legal Name (Respondent)**

hereby appoint

Full, Legal Name (Advocate)

to act as Advocate on behalf of both in this case.

Date Signature of Petitioner

Date Signature of Respondent**

Acceptance of Mandate

Advocate

I, the undersigned, _____,

hereby accept the appointment as Advocate to act on behalf of

_____ and _____, in this case.
Full, Legal Name (Petitioner) Full, Legal Name (Respondent)**

Date Signature of Advocate

Please print one sided

Diocesan Tribunal of Fort Worth
Libellus — *Petition for Declaration of Invalidity*

Prot. No. _____ / _____

Date Accepted: _____

FOR TRIBUNAL OFFICE USE
Please do not write in space below

I, the undersigned, _____,
Full, Legal Name (Petitioner)

in conjunction with: _____,
Full, Legal Name (Respondent)**

respectfully request the Tribunal of the Diocese of Fort Worth to declare invalid the marriage which we contracted

on: _____, at _____
Date of Marriage Name of Church, Courthouse, Other

in _____.
City, County, State

Date Signature of Petitioner

Date Signature of Respondent**

Please state the reason why do you think your marriage was invalid from the time of the exchange of vows:

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Application

Petitioner — Person Seeking Declaration of Invalidity

If you have difficulty recalling some of the facts pertaining to your marriage, you might want to contact the county where the marriage license was obtained and request a copy of the application for the marriage license.

1. Present full, legal name:

(Mr./Mrs./Ms.) _____

First Middle Last

Name before any marriage: _____

First Middle Last

2. Complete Address: _____

Street City

County State Zip Code

E-mail Address _____

3. Telephone: Home _____ / _____ Work: _____ / _____ Cell: _____ / _____

4. Name of Catholic Parish submitting: _____

Parish city / state: _____

Is this your parish your spouse's parish your fiancé(e)'s parish?

5. Date of birth: ____ / ____ / ____ Place of birth: _____

6. Occupation: _____ Highest level of Education? _____

7. Your father's name: _____

First Middle Last

Living Deceased Religion: _____

8. Your mother's name: _____

First Middle Last

Living Deceased Religion: _____

9. Parents' address: _____

Street

City State Zip Code

10. Number of children in your family: _____ Where did you place in the birth order? _____

11. Religion in which you were baptized _____ Date of Baptism ____ / ____ / ____

Was it Tridentine (In the name of the Father, Son and Holy Spirit and with water) Yes No

Name / Address of Church of your Baptism – include City and State.

12. Your religion at the time of your wedding to your former spouse: _____

13. Your present religion: _____

14. If you are not Catholic, are you currently attending RCIA? Yes No

If yes, in what parish? _____

Name / Address of Church – include City and State.

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Petitioners Marriages:

15. List *all* your marriages and divorces, *beginning with the first*: If there are additional marriages, please list on a separate page.

● Full Name of 1st Spouse: _____
_____/_____/_____ Place of Marriage: City, County, State
Date of Marriage
_____/_____/_____ Place of Divorce: City, County, State
Date of Divorce
Religion of spouse: _____ Check if deceased / Date deceased: ____/____/____
Number of children born and/or conceived of this marriage: _____ Dates of birth: _____

● Full Name of 2nd Spouse: _____
_____/_____/_____ Place of Marriage: City, County, State
Date of Marriage
_____/_____/_____ Place of Divorce: City, County, State
Date of Divorce
Religion of spouse: _____ Check if deceased / Date deceased: ____/____/____
Number of children born and/or conceived of this marriage: _____ Dates of birth: _____

● Full Name of 3rd Spouse: _____
_____/_____/_____ Place of Marriage: City, County, State
Date of Marriage
_____/_____/_____ Place of Divorce: City, County, State
Date of Divorce
Religion of spouse: _____ Check if deceased / Date deceased: ____/____/____
Number of children born and/or conceived of this marriage: _____ Dates of birth: _____

● FULL NAME OF CURRENT SPOUSE, *if applicable*: _____
_____/_____/_____ Place of Marriage: City, County, State
Date of Marriage
Religion of spouse: _____
Number of children born and/or conceived of this marriage: _____ Dates of birth: _____
If not Catholic, is your present spouse currently attending RCIA? Yes No If yes, in what parish?

Name / Address of Church — include City and State.

* If there are additional marriages, please list on a separate page.

16. Are you engaged? Yes No If yes, religion of fiancé(e): _____
Fiancé(e)'s name: _____ Telephone: ____/_____

Address City State Zip Code
If Catholic, fiancé(e)'s parish: _____
Name / Address of Church — include City and State.
If not Catholic, is your fiancé(e) currently attending RCIA? Yes No If yes, in what parish?

Name / Address of Church — include City and State and Zip Code.

17. Has your present spouse or fiancé(e) been married before? Yes No
If yes, has your present spouse or fiancé(e) submitted a petition for a declaration of invalidity? Yes No
Case Name & No. _____ In what diocese? _____
(Please provide the Decrees)

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Respondent's list of previous marriages (Continued...)

● Full Name of Respondent's 3rd Spouse: _____
_____/_____/_____ _____
Date of Marriage Place of Marriage: City, County, State
_____/_____/_____ _____
Date of Divorce Place of Divorce: City, County, State
Religion of spouse: _____ Check if deceased / Date deceased: ____/____/____
Number of children born and/or conceived of this marriage: _____ Dates of birth: _____

● FULL NAME OF CURRENT SPOUSE, *if applicable*: _____
_____/_____/_____ _____
Date of Marriage Place of Marriage: City, County, State
Religion of spouse: _____
Number of children born and/or conceived of this marriage: _____ Dates of birth: _____

* If there are additional marriages, please list below.

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***Information Regarding the Marriage to be Declared Invalid
Before the Marriage***

1. What kind of marriage preparation did you have? Pre-Cana: Yes No Engaged Encounter: Yes No
In what church and city did it take place? _____
 2. We met with a Sponsor Couple: Yes No How many times did you meet? _____
 3. We talked to (check one) Priest/Deacon Minister Rabbi Number of times: _____
 4. What other preparation did you have? _____
-

The Marriage

1. Civil Ceremony: Date: ____ / ____ / _____ Performed by: Justice of the Peace Other
Place: _____
CityCountyState
 2. Religious Ceremony: Date: ____ / ____ / _____
Name of Church: _____ Phone of Church: _____
Address of Church: _____

CityStateZip Code
Performed by: Priest Deacon Minister Rabbi Name: _____
 3. Age of both parties at time of marriage: Me _____ Former Spouse _____
 4. Number of children born and/or conceived: _____ Dates of birth: _____
 5. Give the approximate date you last lived under the same roof: ____ / ____ / _____
-

After the Marriage

1. Who obtained the divorce? I did Former Spouse
 2. Date of civil divorce: _____ Date of civil annulment: _____
 3. Place of civil action _____
CityCountyState
 4. Who has custody of the child/children now? I do Former Spouse Children are adult
 5. Are you receiving child support? Yes No Are you paying child support? Yes No
 6. Is the party who is paying child support current on his/her payments? Yes No
-

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Witnesses

Supportive witness testimony is essential to this process. A witness who has first-hand knowledge is always preferable one who has "hearsay" evidence.

You will need three (3) witnesses. We will contact your parents as two (2) of your witnesses unless you indicate to us not to do so. Other witnesses can be family members or friends who knew you and/or your former spouse before or at the time of the courtship and marriage. Children of this marriage should not be; named as witnesses.

When selecting witnesses, ask yourself the following questions:

1. Did this witness know me and/or my former spouse during the courtship? (Witnesses who came to know you and your former spouse after the marriage will not have first-hand knowledge of the information we are looking for.)
 2. Did this witness see any of the courtship? Did he or she know me or my former spouse while growing up?
 3. Does this witness have first-hand knowledge about my family background or that of my former spouse?
 4. Did I ever share with this witness what I thought about marriage and about the courtship at the time I was dating my former spouse?
 5. Am I willing to give this witness permission to speak freely and honestly about what he or she knows about this marriage?
-

● Father's Name: _____
Address: _____
Street / City / State / Zip Code

E-mail Address
Telephone: Home: _____ Work: _____ Cell: _____
Religion: _____ Preferred Language: English Spanish Vietnamese Other _____

● Mother's Name: _____
Address: _____
Street / City / State / Zip Code

E-mail Address
Telephone: Home: _____ Work: _____ Cell: _____
Religion: _____ Preferred Language: English Spanish Vietnamese Other _____

● Name: _____ Gender: Male Female
Relationship: _____ Known how long? _____
Address: _____
Street / City / State / Zip Code

E-mail Address
Telephone: Home: _____ Work: _____ Cell: _____
Religion: _____ Preferred Language: English Spanish Vietnamese Other _____

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Witnesses

• Name: _____ Gender: Male Female

Relationship: _____ Known how long? _____

Address: _____

Street / City / State / Zip Code

E-mail Address

Telephone: Home: _____ Work: _____ Cell: _____

Religion: _____ Preferred Language: English Spanish Vietnamese Other _____

• Name: _____ Gender: Male Female

Relationship: _____ Known how long? _____

Address: _____

Street / City / State / Zip Code

E-mail Address

Telephone: Home: _____ Work: _____ Cell: _____

Religion: _____ Preferred Language: English Spanish Vietnamese Other _____

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Agreement for the Petitioner

This process is a partnership between you and the staff of the Marriage Tribunal.
For this reason, your cooperation is important to us. Please read carefully the following items,
initial that you have read each statement and sign your name to indicate your agreement.

- I agree to provide the necessary documents, completed application and questionnaire and the names, addresses and phone numbers of my witnesses. I understand that without all this information the start of my case will be delayed.

- I understand that the Tribunal can never guarantee an affirmative decision in a matrimonial case, since the decision must rest on the facts which surface during the investigation. Each case is unique, so it is impossible to predict even the approximate time needed to arrive at a decision.

- I understand that plans for a future church wedding cannot be made until a case has been given a final affirmative decision and any counseling and/or marriage preparation the Tribunal requires is completed. The cost of counseling is the responsibility of the person(s) receiving the services.

Signature of Petitioner: _____

- I have contacted my witnesses to ensure their cooperation. Yes No

I AFFIRM THAT WHAT I HAVE WRITTEN ON THESE PAGES IS THE TRUTH AND DO SO SWEAR.

Date: _____

Signature of Petitioner: _____

Signature of Auditor/Advocate: _____

Please print one sided

*Agreement for the Respondent***

This process is a partnership between you and the staff of the Marriage Tribunal.
For this reason, your cooperation is important to us. Please read carefully the following items,
initial that you have read each statement and sign your name to indicate your agreement.

- I agree to provide the necessary documents, completed application and questionnaire and the names, addresses and phone numbers of my witnesses. I understand that without all this information the start of my case will be delayed.

- I understand that the Tribunal can never guarantee an affirmative decision in a matrimonial case, since the decision must rest on the facts which surface during the investigation. Each case is unique, so it is impossible to predict even the approximate time needed to arrive at a decision.

- I understand that plans for a future church wedding cannot be made until a case has been given a final affirmative decision and any counseling and/or marriage preparation the Tribunal requires is completed. The cost of counseling is the responsibility of the person(s) receiving the services.

*Signature of Respondent*** _____

- I have contacted my witnesses to ensure their cooperation. Yes No

I AFFIRM THAT WHAT I HAVE WRITTEN ON THESE PAGES IS THE TRUTH AND DO SO SWEAR.

Date: _____

Signature of Respondent** _____

Signature of Auditor/Advocate: _____

Case Name: _____

Case Number: _____

CONFIDENTIALITY RELEASE

To: _____
Counselor's Name

Address

City / State / Zip Code

Phone

Approximate date(s) of counseling

I HEREBY REQUEST YOU TO RELEASE TO:

Very Rev. Timothy Thompson, JCL (or his representative)
Judicial Vicar
800 West Loop 820 South
Fort Worth, TX 76108

PETITIONER:

RESPONDENT:

TO WHOM IT MAY CONCERN:

My previous union is being examined by the Diocese of Fort Worth Tribunal for the purpose of determining the status of that marriage in the Roman Catholic Church. The proceedings are exclusively religious in nature and governed solely by the laws of the Church. With the understanding that the information provided will be held in confidence, I have no objection to the professional named above giving this information to the Fort Worth Tribunal which pertains to the marriage case in question.

Signature

Date

My Tribunal representative will be in touch with you by phone.

Case Name: _____

Case Number: _____

CONFIDENTIALITY RELEASE

To: _____
Counselor's Name

Address

City / State / Zip Code

Phone

Approximate date(s) of counseling

I HEREBY REQUEST YOU TO RELEASE TO:

Very Rev. Timothy Thompson, JCL
Judicial Vicar
Tribunal of the Diocese of Fort Worth
800 West Loop 820 South
Fort Worth, TX 76108

PETITIONER:

RESPONDENT:

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My previous union is being examined by the Diocese of Fort Worth Tribunal for the purpose of determining the status of that marriage in the Roman Catholic Church. The proceedings are exclusively religious in nature and governed solely by the laws of the Church. I have no objection to the professional named above giving information which pertains to my marriage case in question to the Fort Worth Tribunal.

Signature

Date

A Tribunal representative will be in touch with you by phone.

FOR ADVOCATE USE ONLY. After petition has been completed by the party, please fill the required summation of the facts of the case (write n/a were not applicable.)

SUMMATION OF THE FACTS OF THE CASE

Petitioner Facts

Name: _____

Current Age: _____

Age at the time of marriage: _____

Religion at the time of marriage: _____

Number of Previous marriages: _____

Present Status: _____

- Single
- Remarried
- Engaged

Children from current relationship (if applicable):

Respondent Facts

Name: _____

Current Age: _____

Age at the time of marriage: _____

Religion at the time of marriage: _____

Number of Previous marriages: _____

Present Status: _____

- Single
- Remarried
- Engaged

Children from current relationship (if applicable): _____

Facts of the marriage in question

Length of Courtship -

Dated: _____ Engaged: _____

Place of Marriage -

Civil: _____ Church: _____

Date of Marriage-

Civil: _____ Church: _____

Civil Divorce Granted –

Date: _____ To: Petitioner Respondent

County, State: _____

Last date under the same roof: _____

Children from marriage in question: _____

Signature of Advocate: _____ Date: _____