

# SANATIO IN RADICE INFORMATION

**ONLY** Pastor, Parochial Vicar, Deacon or Tribunal Advocate may complete this form.

- The Sanatio request should include the attached form. All information must be completed (*single-sided, no blanks*).
- State clearly the reason requesting the Sanatio at this time: e.g., return to the sacraments, one party wishes to be received into the church, etc.
- If there are any other impediments, e.g., close blood relationship, please call the Tribunal.
- Form must be filled electronically before printing (*not handwritten*). Original signature of the each petitioner is required.
- REQUIRED DOCUMENTS** to be submitted with this petition:
  - A recent Baptismal or Profession of Faith (POF) Certificate (issued within the last 6 months, with sacramental notations) for each of the Catholic parties.
  - A certified copy of the marriage license showing the name and title of the officiant.
- It is the Petitioner's responsibility to obtain the required documents.
- Do not include original documents, as we are unable to return them.
- First Communion, Confirmation, Pre-Cana, or NFP certificates do not need to be included

**Please note:** If the civil ceremony was outside the Catholic Church because one party was still bound by a previous marriage, and the previous spouse died *before* a Declaration of Invalidity had been granted by a Tribunal, then a *sanation cannot be done*. A *convalidation must be done* in order to regularize the union.

Very Rev. D. Timothy Thompson, JCL  
Judicial Vicar

# ***SANATIO IN RADICE REQUEST***

Name of Tribunal Advocate or Clergy Preparing Request: \_\_\_\_\_

Couple's name: \_\_\_\_\_

Couple's street address: \_\_\_\_\_

\_\_\_\_\_

City

\_\_\_\_\_

County

\_\_\_\_\_

State

Phone: \_\_\_\_\_

Husband

Wife

Parish: \_\_\_\_\_

Name of Parish

Address

Date of civil marriage: \_\_\_\_\_

Where did the marriage take place? (City/County/State) \_\_\_\_\_

Name and title of official witnessing the civil marriage \_\_\_\_\_

## ***Information on Each Party***

Full name of husband \_\_\_\_\_

Is he baptized? Yes  No  If yes, what religion? \_\_\_\_\_

If Catholic, date of baptism \_\_\_\_\_

Name and city/state of church of baptism \_\_\_\_\_

**Any** previous marriages (*civil/church*) for husband? Yes  No

If yes, please complete the following:

Ex-wife's name	Date of Marriage	Date of Divorce	How resolved? ** (Give name of Tribunal and protocol no. of case)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

\*\* If former spouse has died, what was the date of death? \_\_\_\_\_  
If former spouse died *before* a Declaration of Invalidity was granted, then a **Convalidation must be done.**

Full **MAIDEN** name of wife \_\_\_\_\_

Is she baptized? Yes  No  If yes, what religion? \_\_\_\_\_

If Catholic, date of baptism \_\_\_\_\_

Name and city/state of church of baptism \_\_\_\_\_

**Any** previous marriages (*civil/church*) for wife? Yes  No

If yes, please complete the following:

Ex-husband's name	Date of Marriage	Date of Divorce	How resolved? ** (Give name of Tribunal and protocol no. of case)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

\*\* If former spouse has died, what was the date of death? \_\_\_\_\_

If former spouse died **before** a Declaration of Invalidity was granted, then a **Convalidation must be done.**

Why is this couple requesting a sanation at this time? \_\_\_\_\_

What premarital preparation has this couple received? \_\_\_\_\_

Are the minor children baptized Catholic? Yes  No

If no, why not? \_\_\_\_\_

What plans are being made for the religious education of the minor children?

*I believe that my original consent perdures to this time and this original consent is still efficacious before the eyes of God and that the above information is true:*

\_\_\_\_\_  
Signature of Husband

\_\_\_\_\_  
Signature of Wife

\_\_\_\_\_  
Signature of Priest or Deacon

\_\_\_\_\_  
Date