

C. **General Information On The Respondent:**

Full Legal Name: _____
Last First Middle

Maiden Name: _____

Address: _____
Street City State Zip

Telephone number: (Home) _____ (Cell) _____

Birth date: _____
Year Month Day

Age of the Respondent at the Time of Marriage to the
Petitioner: _____

D. **Baptismal Information of the Respondent**

Date of Baptism: _____
Year Month Day

Religion: _____ Protestant (Baptist, Church of
(Please check) _____ Christ, Methodist, etc.)
_____ Roman Catholic
_____ Eastern Catholic
_____ Orthodox
_____ Non Baptized

Name and Street Address of Church of Baptism

City State Zip

Present Religion: _____

E. **Concerning The Marriage Of The Petitioner to Respondent**

Date of marriage: _____
Year Month Day

Type of Ceremony: _____ Protestant (Baptist, Church of
(Please check) _____ Christ, Methodist, etc.)
_____ Roman Catholic
_____ Eastern Catholic
_____ Orthodox
_____ Other Religion
_____ Civil/Justice of the Peace

Name of Church or Place of Marriage

Street Address of the Church or Place of Marriage

City State Zip

Name of the Official Witness - (Priest, Clergy, Civil
Official)

Was the Co-Respondent (First Spouse) of the Respondent living
at the time you married the respondent? _____ If no, please
indicate the date and place of death. _____

Number of Children of the Marriage: _____

Civil Divorce: _____
Year Month Day

City or County State

F. **Concerning The Co-Respondent (First Spouse) of The Respondent**

Full Legal Name: _____
Last First Middle

Maiden Name: _____

Address: _____
Street City State Zip

Telephone number: (Home) _____ (Work) _____

Birth date: _____
Year Month Day

Age of the Co-Respondent (First Spouse) of the Respondent at
the time of Co-Respondent's (First Spouse) marriage to the
Respondent: _____

G. **Baptismal Information of the Co-Respondent (First Spouse) of the Respondent**

Date of Baptism: _____
Year Month Day

Religion: _____ Protestant (Baptist, Church of
(Please check) _____ Christ, Methodist, etc.)
_____ Roman Catholic
_____ Eastern Catholic
_____ Orthodox
_____ Non Baptized

Name and Street Address of Church of Baptism

City State Zip

Present Religion: _____

H. **Concerning The Marriage of Respondent to the Co-Respondent (First Spouse) of the Respondent**

Date of marriage: _____
Year Month Day

Type of Ceremony: _____ Protestant (Baptist, Church of
(please check) _____ Christ, Methodist, etc.)
_____ Roman Catholic
_____ Eastern Catholic
_____ Orthodox
_____ Other Religion
_____ Civil/Justice of the Peace

Name of Church or Place of Marriage

Street Address of the Church or Place of Marriage

City State Zip

Name of the Official Witness-Priest, Clergy, Civil Official)

Number of Children of the Marriage: _____

Civil Divorce: _____
Year Month Day

City or County State

SECTION II. **ADDITIONAL QUESTIONS TO THE PETITIONER**

A. How many times were you previously married prior to your marriage to the respondent? _____

B. If previously married, please supply the following information which applies to Previous Spouse(s):

1. _____
Name of Spouse Date of Marriage

Place of Marriage Name and Title of Officiant

Date of Civil Divorce Place of Civil Divorce

Present Name Present Address

Date of Death Place of Death

2. _____
Name of Spouse Date of Marriage

Place of Marriage Name and Title of Officiant

Date of Civil Divorce Place of Civil Divorce

Present Name Present Address

Date of Death Place of Death

3. _____
Name of Spouse Date of Marriage

Place of Marriage Name and Title of Officiant

Date of Civil Divorce Place of Civil Divorce

Present Name Present Address

Date of Death Place of Death

- C. Are you aware of any other marriages of the **Respondent** besides the marriage to the Co-Respondent (First Spouse) already covered in SECTION I. paragraphs F, G, and H above. _____

If so, please supply the following information which applies to Previous Spouse(s) of the Respondent:

1. _____
Name of Spouse Date of Marriage

Place of Marriage Name and Title of Officiant

Date of Civil Divorce Place of Civil Divorce

Present Name Present Address

Date of Death Place of Death

2. _____
Name of Spouse Date of Marriage

Place of Marriage Name and Title of Officiant

Date of Civil Divorce Place of Civil Divorce

Present Name Present Address

Date of Death Place of Death

- D. If you are planning another marriage (or convalidation) in the Catholic Church, please give the name of the party whom you are planning to marry as well as that person's baptismal status, previous marital status, information about death or annulments of his/her previous spouse, etc. If this is to be a convalidation, what was the date of your civil attempt at marriage?

SECTION III DOCUMENTS

The Petitioner, _____, submits the following **original documents** in support of the above statements. (Check the following)

____ Certified copy of the Marriage License **APPLICATION** (also called **Marriage License Record**) between myself and the Respondent. (NOTE: Certificate of Marriage may be on this form. If so, do not need a separate Certificate) **THIS IS A REQUIRED DOCUMENT. IT SHOULD TELL US THE NUMBER OF MARRIAGES FOR BOTH PARTIES. If the marriage took place in Alabama, you may obtain this document at any Health Department. Ask for Marriage License Record. They will print it out on site.**

____ Certificate of marriage between myself and Respondent (not the license). **See above.**

____ Certified copy of the **Decree** of divorce or dissolution between myself and the Respondent (**not the petition or separation agreement**). **If the divorce took place in Alabama, you may obtain A Divorce Certificate at any Health Department.**

____ Certified copy of the Marriage License **APPLICATION** (also called **Marriage License Record**) between the Respondent and Co-Respondent (First Spouse). (NOTE: Certificate of Marriage may be on this form. If so, do not need a separate Certificate) **THIS IS A REQUIRED DOCUMENT. IT SHOULD TELL US THE NUMBER OF MARRIAGES FOR BOTH PARTIES. THE NUMBER OF MARRIAGES ON THIS FORM SHOULD BE "0" OR "FIRST" FOR BOTH PARTIES IN THIS MARRIAGE.**

____ Certificate of marriage between Respondent and Co-Respondent (not the license). See above.

____ Certified copy of the decree of divorce or dissolution between Respondent and Co-Respondent (**not the petition or the separation agreement**). **If the divorce took place in Alabama, you may obtain A Divorce Certificate at any Health Department.**

____ Baptismal Certificate of any Catholic parties.

____ FEE: \$100.00. (\$50.00 for companion case: when a Petitioner has another marriage case.)

SECTION IV. WITNESSES (To be used **ONLY** if the **Respondent** and/or the **Co-Respondent (First Spouse)** cannot be found or will not cooperate or **the number of marriages is not listed on the Marriage License Record.**) **List 2 witnesses. Be sure the witnesses knew either or both Respondent and Co-Respondent.**

I PROPOSE THE FOLLOWING WITNESSES WHO HAVE INFORMATION REGARDING THE FACTS:

- OF THE NON-CATHOLIC BAPTISM OF **RESPONDENT AND CO-RESPONDENT (FIRST SPOUSE)**;
- OF THE VALIDITY OF THE MARRIAGE BETWEEN **RESPONDENT AND CO-RESPONDENT (FIRST SPOUSE)**;
- THAT **CO-RESPONDENT (FIRST SPOUSE)** WAS ALIVE AT THE TIME OF **RESPONDENT'S** MARRIAGE TO THE **PETITIONER**.

A. Witness 1

Full Legal Name, First, Middle, Last

Street Address

City, State

Home Phone

Cell Phone

Have you asked the Witness to Testify?

B. Witness 2

Full Legal Name, First, Middle, Last

Street Address

City, State

Home Phone

Cell Phone

Have you asked the Witness to Testify?

As God is my witness, I hereby solemnly swear that all statements made by me herein are the truth, the whole truth and nothing but the truth, to the best of my knowledge and belief.

Signature of Petitioner _____

Signed and sworn to before me, the undersigned this _____ day of _____ 20__

at _____
(Parish)

(Address, City & State)

Signature of Cleric, Pastoral Associate, Advocate,
or Ecclesiastical Notary