



# The Archdiocese of San Francisco

## Metropolitan Tribunal

One Peter Yorke Way, San Francisco, CA 94109-6602

(415) 614-5690 FAX (415) 614-5696

**For Office Use Only**

Date \_\_\_\_\_

Accepted: \_\_\_\_\_

By: \_\_\_\_\_

Seek Competence? \_\_\_\_\_

### APPLICATION FOR FORMAL CASES OF NULLITY AND PRIVILEGE OF THE FAITH CASES ("Form C")

**PETITIONER**

*[Please print or type]*

**RESPONDENT**

_____	Name	_____
_____	Maiden Name <i>(if applicable)</i>	_____
_____	Address	_____
_____	City, State Zip	_____
_____	Home Phone	_____
(W) _____ (C) _____	Other Phones	(W) _____ (C) _____
_____	E-mail Address	_____
_____	Date of Birth	_____
_____	Place of Birth	_____
_____	Religion	_____
_____	Date of Baptism	_____
_____	Church of Baptism	_____
_____	Maiden Name <i>(Church of Baptism)</i>	_____
_____	Age at Time of this Marriage	_____
A) _____ B) _____	A) Number of this Marriage	A) _____ B) _____
	B) Total Number of Marriages	

**PARENT'S NAMES**

**Petitioner's Parents**

Father's Name:

Mother's Name:

*\*Please indicate if a parent is living or deceased.*

**Respondent's Parents**

Father's Name:

Mother's Name:

## MARRIAGE UNDER INVESTIGATION

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Year the Petitioner and Respondent met: \_\_\_\_\_

Length of engagement: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Officiant at the Marriage (*priest, minister, judge, etc*): \_\_\_\_\_

Date of Validation (*if applicable*): \_\_\_\_\_

Place of the Marriage  
(If the marriage took place in a Catholic church, please also give the name of the church)

\_\_\_\_\_  
Name of Church or Place of Marriage

Length of time the parties lived together after the marriage: \_\_\_\_\_

Number and age of children of the marriage: \_\_\_\_\_

If applicable, who has custody? \_\_\_\_\_

Date of Final Judgment of Dissolution of the marriage: \_\_\_\_\_

Where was the Final Judgment issued (*County and State*): \_\_\_\_\_

Who initiated proceedings? \_\_\_\_\_

Why does the petitioner believe that this marriage should not have taken place?

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Please forward the following documents so the tribunal can begin to process this case:

1. Baptismal Certificate (*issued within the last six months*)
2. Marriage License
3. Final Judgment of Dissolution of Marriage
4. **One Hundred Dollar (\$100.00) Filing Fee.**

\_\_\_\_\_  
Signature of the Petitioner

\_\_\_\_\_  
Date

PASTORAL EVALUATION

The Marriage in Question

Were there any unusual circumstances before or during the marriage such as undue pressure, pregnancy, substance abuse, etc.?  Yes  No

If yes, please explain: \_\_\_\_\_

Will the petitioner be able to complete the Petitioner's Narrative, which is a narrative history of the marriage?  Yes  No
Are there witnesses who can testify to the circumstances of the courtship & marriage?  Yes  No
Do most of these witnesses live in San Francisco, Marin or San Mateo Counties?  Yes  No

If not, where do they live: \_\_\_\_\_

For Privilege of the Faith Case, please provide the name of the Interested Party (e.g., Intended Spouse). Please provide recent Baptismal Certificate for Interested Party.

Status of the Petitioner

Is the Petitioner presently re-married civilly?  Yes  No
Does the Petitioner intend to marry in the Church?  Yes  No
If "Yes," is the Petitioner's intended spouse free to marry in the Church?  Yes  No
Is the Petitioner or the Petitioner's intended spouse preparing for Baptism or reception into the Catholic Church?  Yes  No

I, the Petitioner, acknowledge that no wedding date (not even a tentative date) can be set until a final declaration of nullity is given.

Acknowledgement of Petitioner: \_\_\_\_\_
Signature of Petitioner

Fees

Have you informed the Petitioner that there is a fee of \$600.00 for a Formal Cases if it is accepted?  Yes  No
Does the Petitioner know that this fee can be paid in monthly installments?  Yes  No
If this fee is burdensome, what accommodation do you suggest should be made for the petitioner? \_\_\_\_\_

Some cases require the review of the tribunal appointed psychologist which entails an additional cost. Can the Petitioner pay this fee?  Yes  No

Are you willing to assist the Petitioner during the preparation of this case?  Yes  No

Signature of the Pastoral Minister: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Name of Church of Pastoral Minister: \_\_\_\_\_

Mailing Address of Pastoral Minister: \_\_\_\_\_

Pastoral Minister's Phone Work: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Once this Form C is accepted by the tribunal, instructions will follow concerning drafting a formal libellus.