



TRIBUNAL USE
Assigned _____
Case No. _____

INTRODUCTION OF MARRIAGE CASE

Document Checklist for Priest or Pastoral Minister

In addition to this form, please submit the following documents (Note: Please do not send in this introductory form until all applicable documents have been collected, as the introduction of the case cannot be processed until all applicable documents have been received).

_____ Baptismal Certificate(s) for Catholic party/parties. Must be currently issued and dated with all notations.

_____ Copy of application(s) of civil marriage license for the marriage(s) under study.

_____ Copy of Civil Divorce Decree(s) for marriage(s) under study.

_____ Death certificate(s), if applicable.

_____ Copy of newly-issued Baptismal Certificate for Catholic Interested Party, if applicable (The "Interested Party" is the person who the one petitioning wishes to marry in the Catholic Church).

_____ Copy of application for civil marriage to Interested Party, if applicable.

_____ 2 Completed Witness Reply Forms (See pages 10 and 11).

All case introduction forms and accompanying documents should be sent to
Tribunal
P.O. Box 390
Fort Wayne, IN 46801

Name of Petitioner: _____
First Middle Last

Maiden Name: _____

Address: _____

Phone: _____
Home Work Cell

Email: _____

Place of Employment: _____

Best Time to Contact: _____

Birth: _____
Date Date Place

Baptized? _____ Denomination: _____

Date & Age: _____

Church of Baptism: _____

Address: _____

Present Religion: _____

Parish where registered, if Catholic: _____

If not Catholic, in RCIA? _____

If not in RCIA, interested in the Catholic Faith? _____

Before this time, has the petitioner ever approached a priest or Tribunal regarding marriage nullity?

If so, please give details: _____

PLEASE COMPLETE THE FOLLOWING FOR ALL MARRIAGES ENTERED

1st Spouse

Current Name: _____

Maiden Name: _____

Address: _____

Phone: _____
Home Work Cell

Email: _____

Birth: _____
Date Place

Baptized?: _____

Denomination: _____

Date & Age: _____

Church of Baptism: _____

Address: _____

Present Religion: _____

Place of Marriage: _____

City & State: _____

Before whom?: Priest Minister Judge

Date of Marriage: _____

Date of Divorce: _____

County & State of Divorce: _____

Number of Children Born: _____

Date of Birth of 1st Child: _____

Was this the first marriage for this spouse? _____

If not, complete information on page 5.

2nd Spouse

Current Name: _____

Maiden Name: _____

Address: _____

Phone: _____
Home Work Cell

Email: _____

Birth: _____
Date Place

Baptized?: _____

Denomination: _____

Date & Age: _____

Church of Baptism: _____

Address: _____

Present Religion: _____

Place of Marriage: _____

City & State: _____

Before whom?: Priest Minister Judge

Date of Marriage: _____

Date of Divorce: _____

County & State of Divorce: _____

Number of Children Born: _____

Date of Birth of 1st Child: _____

Was this the first marriage for this spouse? _____

If not, complete information on page 5.

3rd Spouse

Current Name: _____

Maiden Name: _____

Address: _____

Phone: _____
Home Work Cell

Email: _____

Birth: _____
Date Place

Baptized?: _____

Denomination: _____

Date & Age: _____

Church of Baptism: _____

Address: _____

Present Religion: _____

Place of Marriage: _____

City & State: _____

Before whom?: Priest Minister Judge

Date of Marriage: _____

Date of Divorce: _____

County & State of Divorce: _____

Number of Children Born: _____

Date of Birth of 1st Child: _____

Was this the first marriage for this spouse? _____

If not, complete information on page 5.

4th Spouse

Current Name: _____

Maiden Name: _____

Address: _____

Phone: _____
Home Work Cell

Email: _____

Birth: _____
Date Place

Baptized?: _____

Denomination: _____

Date & Age: _____

Church of Baptism: _____

Address: _____

Present Religion: _____

Place of Marriage: _____

City & State: _____

Before whom?: Priest Minister Judge

Date of Marriage: _____

Date of Divorce: _____

County & State of Divorce: _____

Number of Children Born: _____

Date of Birth of 1st Child: _____

Was this the first marriage for this spouse? _____

If not, complete information on page 5.

INFORMATION REGARDING PREVIOUS MARRIAGE OF FORMER SPOUSE(S), IF APPLICABLE

Current Name: _____
 First Middle Last

Maiden Name: _____

Address: _____

Phone: _____
 Home Work Cell

Email: _____

Baptized? _____ Denomination: _____

Was this person ever married before? _____

Current Name: _____
 First Middle Last

Maiden Name: _____

Address: _____

Phone: _____
 Home Work Cell

Email: _____

Baptized? _____ Denomination: _____

Was this person ever married before? _____

WITNESS INFORMATION: Please name relatives, friends, or others who are most knowledgeable and insightful regarding the family relationship of the petitioner or former spouse and/or the relationship between the petitioner and his/her former spouse during dating and at the time of marriage.

2 best witnesses:

Name: _____

Address: _____

Phone: _____

Home

Work

Cell

Email: _____

Best Time to Contact: _____

Age: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____

Home

Work

Cell

Email: _____

Best Time to Contact: _____

Age: _____

Relationship: _____

Other potential witnesses if necessary:

Name: _____

Address: _____

Phone: _____

Home

Work

Cell

Email: _____

Best Time to Contact: _____

Age: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____

Home

Work

Cell

Email: _____

Best Time to Contact: _____

Age: _____

Relationship: _____

COUNSELING INFORMATION: If the petitioner and/or former spouse(s) had counseling of any kind, please complete the following :

Agency: _____

Name of Counselor: _____

Address: _____

Phone: _____

Date range of counseling: _____

Agency: _____

Name of Counselor: _____

Address: _____

Phone: _____

Date range of counseling: _____

Agency: _____

Name of Counselor: _____

Address: _____

Phone: _____

Date range of counseling: _____

INFORMATION REGARDING THE INTERESTED PARTY (Person the petitioner is interested in marrying in the Catholic Church)

Current Name: _____

First

Middle

Last

Maiden Name: _____

Address: _____

Phone: _____

Home

Work

Cell

Email: _____

Birth: _____

Date

Place

Baptized? _____ Denomination: _____

Date & Age: _____

Church of Baptism: _____

Address: _____

Present Religion: _____

Was this person ever married before? _____

If so, to whom? _____

Is this person considered free to marry in the Catholic Church? _____

If not, is decree of nullity being sought in a Tribunal? _____

Is this person civilly married to the petitioner? _____

If so, date and place of marriage ceremony? _____

WITNESS REPLY FORM

_____ AND _____
PETITIONER RESPONDENT

This page is to be completed personally by one of petitioner's best witnesses and returned to priest or pastoral minister for inclusion with introductory form

I, _____, give permission for the Tribunal of the Diocese of
(name of witness)
of Fort Wayne-South Bend to contact me to secure testimony regarding the above mentioned marriage annulment case.

_____ I can best be contacted during the day at the following phone number: _____
Area code + phone number

_____ I prefer to come in to give testimony

Email address _____

I realize appointments will be scheduled during the Tribunal office hours of 8:30 AM to 4:00 PM.

Relationship to Petitioner/Respondent _____

I understand that this is a Church matter only. The testimony is to help determine if the marriage of the Petitioner and Respondent can be nullified so the parties can marry in the Catholic Church. The status of children, of a legitimate marriage, remains legitimate if the marriage is declared invalid by the Catholic Church.

I UNDERSTAND THE PETITIONER AND RESPONDENT HAVE THE RIGHT TO READ MY TESTIMONY, ALTHOUGH THEY MAY CHOOSE NOT TO EXERCISE THAT RIGHT. MY TESTIMONY, OR PORTIONS OF IT, MAY BE WITHHELD ONLY FOR SERIOUS REASONS AND WITH THE PERMISSION OF THE JUDGE.

Signature of Witness: _____

Address: _____

City, State, Zip: _____

Date Signed: _____

WITNESS REPLY FORM

_____ AND _____
PETITIONER RESPONDENT

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Signature of Witness: _____

Address: _____

City, State, Zip: _____

Date Signed: _____