

**OFFICE OF THE TRIBUNAL**  
**DIocese OF CHEYENNE**  
 Post Office Box 1468  
 Cheyenne, Wyoming 82003-1468  
 P 1 (307) 638-1530  
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FOR OFFICE USE ONLY	
Date Received:	_____
Protocol No.:	_____
Companion Cases:	_____
	_____
Parish:	_____
Sponsor:	_____

## APPLICATION FOR A FORMAL MARRIAGE CASE

The pastor, his delegate or the auditor, having reminded the Petitioner of the sacred character and binding force of an oath, will ask: "Do you solemnly swear to tell the truth and nothing but the truth in answering the questions that shall be proposed to you, so help you God?"

Indicate the Petitioner's response to the oath: \_\_\_\_\_

<b>PETITIONER</b>	[Please Type or Print]	<b>OTHER PARTY</b>
Mr., Mrs., Miss, Ms. Dr., _____	TITLE <i>(Circle One)</i>	Mr., Mrs., Miss, Ms. Dr., _____
_____	FULL NAME <i>(First, Middle, Last)</i>	_____
_____	MAIDEN NAME <i>(If applicable)</i>	_____
_____	STREET ADDRESS	_____
_____	CITY, STATE ZIP+4	_____
_____	MAILING ADDRESS <i>(If different)</i>	_____
_____	CITY, STATE ZIP+4	_____
_____	BEST PHONE NUMBER <i>(Type: Home, Cell, Work.)</i>	_____
_____	EMAIL ADDRESS	_____
_____	DATE OF BIRTH	_____
_____	PLACE OF BIRTH <i>(City, State)</i>	_____
_____	DATE OF BAPTISM	_____
_____	PLACE OF BAPTISM <i>(Church, City, State)</i>	_____
_____	IF CATHOLIC, WHICH RITE <i>(Church Sui Iuris)</i>	_____
_____	AGE AT TIME OF MARRIAGE	_____
_____	RELIGION AT TIME OF MARRIAGE	_____
_____	CURRENT RELIGION	_____

**MARRIAGES OF THE PETITIONER**

How many times has the Petitioner been married? \_\_\_\_\_ Number of the marriage for this petition? \_\_\_\_\_

If the Petitioner has been married more than once, please indicate the names of his/her other spouses, the dates of each marriage, the date of when each marriage ended, how each marriage ended (e.g., death, civil divorce, etc.), and how these other marriages will be or were resolved (e.g., death of the spouse, ecclesiastical declaration of invalidity, favor of the faith, or convalidation). Please give the name of the diocese and the protocol for ecclesiastical processes.

<u>Name of Former Spouse</u>	<u>Date of Marriage</u>	<u>Date of Divorce</u>	<u>Resolution (death/invalidity/favor)</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MARRIAGES OF THE OTHER PARTY**

How many times has the Other Party been married? \_\_\_\_\_ Number of the marriage for this petition? \_\_\_\_\_

If the Other Party has been married more than once, please indicate the names of his/her other spouses, the dates of each marriage, the date of when each marriage ended, how each marriage ended (e.g., death, civil divorce, etc.), and, if these marriages were before the Other Party's marriage to the Petitioner, how these other marriages were resolved (e.g., death of the spouse, ecclesiastical declaration of invalidity, or favor of the faith). Please give the name of the diocese and the protocol for ecclesiastical processes.

<u>Name of Former Spouse</u>	<u>Date of Marriage</u>	<u>Date of Divorce</u>	<u>Resolution (death/invalidity/favor)</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**THIS MARRIAGE BEING INVESTIGATED**

When did they begin to date? \_\_\_\_\_

Length of Courtship (beginning to date to engagement): \_\_\_\_\_

Did the Petitioner and the Other Party cohabit before marriage?  Yes  No

If they cohabited, on what date did this begin? \_\_\_\_\_

When were the Petitioner and Other Party engaged? \_\_\_\_\_

FORMAL MARRIAGE CASE

Length of Engagement: \_\_\_\_\_

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

Officiant at the Marriage (Priest, Minister, Judge, Rabbi, etc.): \_\_\_\_\_

Place of Marriage (If a church, please give the name of the Parish. Please be sure to include City and State.):

\_\_\_\_\_

Date of Convalidation (if convalidated): \_\_\_\_\_

Officiant at the Convalidation (e.g., Priest, or Deacon): \_\_\_\_\_

Place of Convalidation of Marriage (Please give the name of the Parish. Please be sure to include City and State.):

\_\_\_\_\_

Were there any unusual circumstances before or around the wedding, such as undue pressure, pregnancy, substance abuse, physical or sexual abuse, psychological issues, infidelity, reticence about children or indissolubility, etc.?

Yes  No

If "Yes," please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did the Petitioner and Other Party have children together, by birth and/or adoption?  Yes  No

If yes, number of children: \_\_\_\_\_

<u>Name of Child</u>	<u>Date of Birth</u>	<u>Date of Baptism</u>	<u>Church of Baptism (Denomination)</u>
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If any are still minors, who has custody? \_\_\_\_\_

Besides the final separation, were there any other separations?  Yes  No

If "Yes," please give dates: \_\_\_\_\_

\_\_\_\_\_

Date of final separation (cohabitation not divorce): \_\_\_\_\_

Length of time the Parties lived together from marriage to until final separation: \_\_\_\_\_

Date of the Decree of Civil Divorce or Civil Annulment: \_\_\_\_\_

Length of Marriage: \_\_\_\_\_

Are there any unresolved issues from the civil divorce or civil annulment (e.g., visitation, child support, alimony, etc.)?

Yes  No

If "Yes," please explain: \_\_\_\_\_

\_\_\_\_\_

Why does the Petitioner believe that he/she should not have entered into marriage with the Other Party?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why does the Petitioner believe this marriage should be declared invalid?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any exceptional circumstances or situations involved with this case that you judge the Tribunal Staff should be aware?

Yes  No

If "Yes," please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**STATUS OF THE PETITIONER**

Is the Petitioner re-married civilly?  Yes  No

If not Catholic, is the Petitioner preparing for baptism or reception into the Catholic Church?  Yes  No

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**PETITIONER'S INTENDED SPOUSE**

If the Petitioner is intending to enter into a new marriage or to convalidate an existing marriage, please provide the following information concerning the Intended Spouse:

TITLE (*Circle One*)                      Mr., Mrs., Miss, Ms., Dr., \_\_\_\_\_

FULL NAME  
(*First, Middle, Last*)                      \_\_\_\_\_

MAIDEN NAME  
(*If Applicable*)                              \_\_\_\_\_

STREET ADDRESS                              \_\_\_\_\_

CITY, STATE ZIP+4                              \_\_\_\_\_

MAILING ADDRESS  
(*If Different*)                                \_\_\_\_\_

CITY, STATE ZIP+4                              \_\_\_\_\_

BEST PHONE NUMBER  
(*Type: Home, Cell, Work*)                      \_\_\_\_\_

EMAIL ADDRESS                                \_\_\_\_\_

DATE OF BIRTH                                 \_\_\_\_\_

PLACE OF BIRTH  
(*City, State*)                                 \_\_\_\_\_

DATE OF BAPTISM                               \_\_\_\_\_

PLACE OF BAPTISM  
(*Church, City, State*)                              \_\_\_\_\_

RELIGION                                        \_\_\_\_\_

IF CATHOLIC, WHICH  
RITE (*Church Sui Iuris*)                              \_\_\_\_\_

**STATUS OF THE PETITIONER'S INTENDED SPOUSE**

Is the Petitioner's Intended Spouse free to marry in the Catholic Church?  Yes  No

If not free to marry in the Catholic Church, how will this be resolved? \_\_\_\_\_

If not Catholic, is the Intended Spouse preparing for baptism or reception into the Catholic Church?  Yes  No

Does the Intended Spouse have any children from a union or unions prior to meeting the Petitioner?  Yes  No  
If yes, number of children: \_\_\_\_\_

FORMAL MARRIAGE CASE

<u>Name of Child</u>	<u>Date of Birth</u>	<u>Date of Baptism</u>	<u>Church of Baptism (Denomination)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do the Petitioner and Intended Spouse have children together, by birth and/or adoption?  Yes  No  
 If yes, number of children: \_\_\_\_\_

<u>Name of Child</u>	<u>Date of Birth</u>	<u>Date of Baptism</u>	<u>Church of Baptism (Denomination)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**REQUIRED DOCUMENTS**

The following documents are to be submitted with this application:

- Certificate(s) of Baptism with notations for the Catholic party (or parties), issued within the last six months
- If available, Certificate(s) of Baptism for the non-Catholic Christian party (or parties)
- Copy of the Civil Marriage License or Certificate, preferably designating Officiant
- Copy of the Decree or Certificate of Civil Divorce or Civil Annulment

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**ATTESTATIONS OF PETITIONER**

Will the Petitioner be able to complete the Marital Declaration, a personal history?  Yes  No  
 Is the Other Party aware that the Petitioner is beginning this process for a Formal Marriage Case?  Yes  No  
 Will the Other Party cooperate with and participate in this process?  Yes  No  Unknown  
 Would the Petitioner like to have the Tribunal nominate an Advocate to assist the Petitioner?  Yes  No  
 Has this or another tribunal been petitioned previously to examine this marriage? Yes No  
 If yes, where and what was the disposition? \_\_\_\_\_

**In order to avoid any embarrassment, ill-will, or financial loss for the Petitioner, the following is the Policy of the Diocese of Cheyenne: No arrangements for a future marriage (even tentative ones) can be made before the completion of this process and the fulfillment of any other potential requirements.**

I hereby affirm under oath that all the information given above is correct insofar as I know. I also understand that no arrangement for a future marriage (even tentative ones) can be made before the completion of this process and the fulfillment of any other potential requirements.

\_\_\_\_\_  
 Date Signature of Petitioner

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**ATTESTATIONS AND ASSESSMENT OF PASTOR, DELEGATE OR AUDITOR**

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

Please make an assessment of the Petitioner, such as, how well you know him/her, his/her religious practice, and his/her forthrightness and honesty. Please also share any insights you might have: for a case of invalidity, possible reasons for invalidity.

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Name of Pastor, Delegate, or Auditor

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Date

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Signature

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Parish

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City, State