



**ARCHDIOCESE OF LOUISVILLE
METROPOLITAN TRIBUNAL**

GENERAL INFORMATION ON FORMAL MARRIAGE CASES

As a person inquiring about the possibility of a Catholic Church marriage annulment, you no doubt have questions about the entire process. We hope the information below will help answer any questions you might have. The pastoral minister assisting you will be able to answer any additional questions or you may feel free to contact our office directly at the address and phone number listed below.

WHAT IS AN ANNULMENT?

An annulment, or Declaration of Nullity is a statement by the Catholic Church that it has been established with human certainty that the marriage in question was not a true and binding one according to the Church's theological and legal understanding of marriage. Even though there was a wedding ceremony, something stood in the way which, according to the divine or Church law, prevented a valid union from coming into being in the eyes of the Church. Simply stated, this is a church-only process.

THE EFFECT ON CHILDREN

The annulment process has no effect on your children whatsoever. Children born in a valid civil marriage are always considered legitimate. Their status is not affected in any way by this process. (Canon 1137)

CIVIL OR COURT EFFECTS

Stated again, the Declaration of Nullity process is strictly a process inside the Catholic Church. The process has no implications on your divorce, any custody issues, child support or any other issue you faced in the process of obtaining your divorce. Information in your case is never shared with anyone outside the Tribunal.

CONFIDENTIALITY

All matters in the Tribunal process are strictly confidential and never shared with third parties outside of the process.

HOW DOES THE ANNULMENT PROCESS WORK?

The annulment process examines all the events surrounding your marriage, the courtship as well as the family backgrounds of both parties to the marriage. The process begins when you have completed and submitted the Formal Marriage Case Petition (F-100). Once received, the Tribunal will assist you in contacting witnesses, gathering documents, reports, etc. By law we must attempt to contact your ex-spouse and invite him/her to participate in the process. They are not required to participate and your case will proceed whether they participate or not. The Tribunal judge will determine the importance of any refusal to cooperate or hear concerns you may have regarding this required contact with your ex-spouse.

After all the materials have been gathered, the case will be reviewed and you will receive a formal petition (letter) stating the grounds that you will need to sign and return to the Tribunal. After an internal Tribunal session the case will then be sent to a panel of judges for a decision. If the decision is favorable, you may seek a new marriage in the Catholic Church, unless there is an appeal of the decision which must be received within fifteen days of the notice of the decision. Your notary will explain those details to you if an appeal is received.

HOW LONG DOES THE PROCESS TAKE?

Each case is unique and the length of the process depends on a number of factors such as how long it takes to get witnesses, documents and other information that may be required for the case. The process is now shortened due to Pope Francis' changes. There is no longer a requirement for a second confirming decision. The Ecclesiastical Notary assigned to your case will be able to advise you on what will be required and an anticipated timeline you can follow. ***Please remember, do not set a wedding date until the process has been fully completed.***

WHAT IS MY ROLE?

Your primary role will be to complete the formal petition, identify witnesses who can answer questions regarding families and/or the marriage, three character witnesses and any medical experts engaged in counseling or other treatment. You should also make every attempt to obtain contact information for your former spouse. If you are working with an auditor or advocate that person can provide additional detail or you may contact the Tribunal directly.

WHAT ARE MY RIGHTS?

You have a number of rights in the process that are always respected. Your ex-spouse has rights that must be regarded as well. Below are listed just a few.

Confidentiality

You have the right of confidentiality in the process. No one outside the Tribunal process will see this case.

To Be Informed

You have the right to be informed of the status of your case at any time. You will be assigned a to a notary in the Tribunal when your case is filed and this person can advise the status of your case.

To Be Heard

You have the right to present your viewpoint and have it heard by the Tribunal.

To Appeal

You have the right to appeal any decision that is rendered by the Tribunal. Your auditor/advocate can provide more information of this should it be desired.

WHAT EXPENSES ARE INVOLVED?

There are no fees charged for processing a Declaration of Nullity (annulment) case. The Tribunal costs are now fully covered by the generosity of the Catholic Services Appeal. Should you wish to share more fully in the work of the Tribunal please consider a donation to this annual appeal on behalf of the Tribunal.

CONTACT INFORMATION

Below is the contact information for our Tribunal and contact information if you are working with an Auditor, Advocate or parish minister.

Metropolitan Tribunal
Archdiocese of Louisville
3940 Poplar Level Road
Louisville, KY 40213-1463
(502) 585-3291
tribunal@archlou.org

Name of Auditor/Advocate/Minister			
Parish or Address			
Phone		Email	



PRELIMINARY DATA FOR INTRODUCTION OF A MARRIAGE CASE

All information provided is strictly confidential. Please provide all requested information and return the form to the Tribunal at the address above or deliver it to your parish minister. Answers should be typed (place cursor in box on computer) or handwritten in legible form. A tribunal minister will personally contact you to complete the application.

PETITIONER (Person seeking annulment)

RESPONDENT (Your former spouse)

<input type="text"/>	Full Present Name	<input type="text"/>
<input type="text"/>	Maiden Name	<input type="text"/>
<input type="text"/>	Street Address	<input type="text"/>
<input type="text"/>	City/State/Zip	<input type="text"/>
<input type="text"/>	Telephone	<input type="text"/>
<input type="text"/>	Email Address	<input type="text"/>
<input type="text"/>	Date of Birth	<input type="text"/>
<input type="text"/>	Place of Birth	<input type="text"/>
<input type="text"/>	Date of Baptism	<input type="text"/>
<input type="text"/>	Denomination	<input type="text"/>
<input type="text"/>	Church of Baptism	<input type="text"/>
<input type="text"/>	Address/City/State	<input type="text"/>
<input type="text"/>	Present Religion	<input type="text"/>
<input type="text"/>	Current Parish	<input type="text"/>
<input type="text"/>	Parish Contact	<input type="text"/>
<input type="text"/>	Full Name of Father	<input type="text"/>
<input type="text"/>	Full Name of Mother (include maiden name)	<input type="text"/>
<i>Date of your marriage</i> <i>Your age at marriage</i> <input type="text"/> <i>Spouse age at marriage</i> <input type="text"/>		<i>Location/Church</i> <i>City/State</i>
	Marriage Date/Place Length of Marriage <input type="text"/>	

If this was a civil marriage and a Church wedding followed, please list the date and location of the civil marriage.

<i>Date</i>	<input type="text"/>	<i>Location</i>	<input type="text"/>
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PART II: BEFORE YOUR MARRIAGE

When did you first meet your former spouse? (mm/yyyy)	
When did you first start dating after meeting? (mm/yyyy)	
What was the length of your dating prior to engagement?	
How long was the engagement period?	

Did either of you feel a divorce gave you the freedom to remarry?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
At the time of your marriage, did you both desire to have children?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
At the time of your marriage did you both intend to be faithful to one another?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

PART III: CHILDREN BORN OF THIS MARRIAGE

Name		DOB		Name		DOB	
Name		DOB		Name		DOB	

PART IV: END OF THIS MARRIAGE

Date of Final Separation		Date of Divorce	
Issuing Authority		City/State/Zip	
Who filed for the civil divorce?	I filed <input type="checkbox"/>	Ex-spouse filed <input type="checkbox"/>	It was a mutual decision <input type="checkbox"/>

PART V: PLEASE LIST ALL MARRIAGES PRIOR TO THIS MARRIAGE

If this was not your first marriage, please list all previous marriages below or continue on the back of this form.

Name		Marriage Date		Place		Divorce Date	
Name		Marriage Date		Place		Divorce Date	

Your Ex-Spouse

Name		Marriage Date		Place		Divorce Date	
Name		Marriage Date		Place		Divorce Date	

PART VI: YOUR CURRENT STATUS

Are you currently civilly married?	<input type="checkbox"/>	Name of your current spouse	
Are you planning to get married?	<input type="checkbox"/>	Name of intended spouse	
Are you in RCIA?	<input type="checkbox"/>	Was your current or intended spouse previously married?	<input type="checkbox"/>
Spouse or Intended in RCIA?	<input type="checkbox"/>	Is the former spouse of your current or intended spouse still alive?	<input type="checkbox"/>

Please list any annulments you have filed prior to this petition

(1) List the full name (including maiden name) of each party		
(2) List the full name (including maiden name) of each party		

Please list any annulments your spouse/intended spouse has filed.

(1) List the full name (including maiden name) of each party		
(2) List the full name (including maiden name) of each party		

PART VII: INSTRUCTIONS

Please review each issue or condition and indicate whether it was present in yourself, in your ex-spouse or both of you. If there was an issue in your marriage not listed, please list it on the last page of this form. (If using a computer place cursor then mark with an X).

YOU	EX SPOUSE	BOTH		YOU	EX SPOUSE	BOTH	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Constant arguing dating/engaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Military background/experience
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doubts on/before the wedding day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Combat experience
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family/Friends against marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol or Drug abuse (circle)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Limited prior dating experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol abuse in family of origin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short dating/engagement period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug abuse in family of origin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immaturity at time of marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical abuse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difference in ages issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical abuse family of origin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	External pressures to marry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verbal/emotional abuse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Force or fear exerted to marry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verbal/emotional abuse family origin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was deceived in marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual abuse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marriage was next logical step	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual abuse family of origin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cohabitation before marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPO Filed (against whom)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-marital pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problems with law enforcement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communication problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional abusive/abuse to others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lack of sharing issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work relationship issues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choice of lifestyle issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Controlling issues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial issues or problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abuse in previous relationships
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employment/Unemployment issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self centered - selfish
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to plan for future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsibility issues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lacks good judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unusual time on Internet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Issues with children from a previous marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pornography
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Religious background Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intimacy issues/Sexual Dysfunction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family background issues (ethnic/cultural, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homosexuality
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educational background issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unusual sexual desires
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-law problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosed mental issues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problem with siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic health problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Divorce prevalent in family of origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personality change after marriage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traumatic events in family of origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Professional counseling received
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infidelity prevalent in family of origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did not want children in marriage
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Civil divorce allowed remarriage

PART VIII: INSTRUCTIONS

In the area below, please give a very brief history of your marriage, the problems faced in the marriage, when and why divorce was chosen and why you believe the Catholic Church should determine that this marriage is invalid. Be brief in your comments here. You will have an opportunity to provide much greater detail once this form has been processed.

I hereby swear that the information I have given is true to the best of my knowledge and ability.

Signature of Petitioner

Date

MINISTER CONTACT INFORMATION

Advocate/Auditor/Minister		Parish	
Address		Phone	Email