



**PART II: BEFORE YOUR MARRIAGE**

When did you first meet your former spouse? (mm/yyyy)				
When did you first start dating? (mm/yyyy)				
What was the length of your dating prior to engagement?				
How long was the engagement period?				
Was this your first marriage?		Your ex spouse first marriage?		If no, complete Part VII

**PART III: AT THE TIME OF YOUR MARRIAGE**

Did either of you feel that a civil divorce gave you the freedom to remarry?	Yes		No	
At the time of your marriage did you both desire to have children?	Yes		No	
At the time of your marriage did you both intend to be faithful to one another?	Yes		No	

**PART IV: CHILDREN BORN OF THIS MARRIAGE**

Name		DOB		Name		DOB	
Name		DOB		Name		DOB	

**PART V: END OF THIS MARRIAGE**

Date of Final Separation		Date of Civil Divorce	
Issuing Authority		City/State/Zip	
Who Filed For The Civil Divorce?	I filed	Ex-Spouse Filed	Mutual Decision

**PART VI: YOUR CURRENT STATUS**

Are You Currently Civilly Married?		Name & Religion Of Spouse	
Are You Planning To Get Married?		Name & Religion Of Intended	
Has Your Current Spouse or Intended Spouse Been Previously Married? (if so complete below)			
Name		Date & Place of Marriage	
Are You In RCIA?		Parish	Is Your Spouse/Intended in RCIA?

**PART VII: YOUR PREVIOUS MARRIAGES** *(Please list all previous marriages and known information)*

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

**YOUR EX-SPOUSE PREVIOUS MARRIAGES**

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

## 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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Constant arguing dating/engaged
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doubts on/before the wedding day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family/Friends against marriage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Limited prior dating experience
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short dating/engagement period
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immaturity at time of marriage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difference in ages issue
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	External pressures to marry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Force or fear exerted to marry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was deceived in marriage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marriage was next logical step
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cohabitation before marriage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-marital pregnancy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communication problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lack of sharing issues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choice of lifestyle issues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial issues or problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employment/Unemployment issues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unable to plan for future
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lacks good judgment
<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"/>	Religious background Issues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family background issues (ethnic/cultural, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educational background issues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-law problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problem with siblings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Divorce prevalent in family of origin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traumatic events in family of origin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infidelity prevalent in family of origin

YOU	EX SPOUSE	BOTH	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Military background/experience
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Combat experience
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol or Drug abuse (circle)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol abuse in family of origin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug abuse in family of origin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical abuse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical abuse family of origin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verbal/emotional abuse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verbal/emotional abuse family origin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual abuse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual abuse family of origin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPO Filed (against whom)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problems with law enforcement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional abusive/abuse to others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work relationship issues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Controlling issues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abuse in previous relationships
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self centered - selfish
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsibility issues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unusual time on Internet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pornography
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intimacy issues/Sexual Dysfunction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homosexuality
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unusual sexual desires
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosed mental issues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic health problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personality change after marriage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Professional counseling received
<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. Please be brief in your comments here. You will have an opportunity to provide much greater detail once this form has been processed.

*I swear that the information I have given is true to the best of my knowledge.*

*Signature of Petitioner*

*Date*

Advocate/Auditor/Minister		Parish	
Address		Phone & Email	