



## DIocese OF OGDENSBURG

### *Tribunal and Office of Canonical Affairs*

622 WASHINGTON STREET • P.O. BOX 369 • OGDENSBURG, NEW YORK 13669  
TELEPHONE: 315-393-2920 • FAX: 1-866-314-7296

## **REQUEST FOR TRIBUNAL STUDY**

### INSTRUCTIONS

The enclosed form applies to the marriage(s) of which you seek an annulment or dissolution, and not to any subsequent marriage you have entered, or wish to enter.

In the event that there is more than one marriage of which an annulment is sought, the same information concerning each of the former spouses is required.

Attached to this form is the petition. On the petition we need the signature of the person applying, Petitioner, and signature of the Witnessing Priest. **MAKE NO OTHER MARKS ON THIS PETITION, DO NOT DATE: DO NOT COMPLETE ITEM MARKED "GROUNDS."**

Once you have completed all pages and signed the petition, return this form to the Tribunal.

Thank you, very much.

The Tribunal Staff

**REQUEST FOR TRIBUNAL STUDY**

**YOURSELF**

**YOUR FORMER SPOUSE**

<b>Present Name</b>				
<b>Maiden Name</b>				
<b>Address</b>				
<b>Home:</b>	<b>Work:</b>	<b>Telephone</b>	<b>Home:</b>	<b>Work:</b>
<b>Occupation</b>				
<b>Place of Birth</b> <b>Date of Birth</b>				
<b>Present Religion</b> <b>and practice</b>				
<b>Previous Religion</b>				
<b>Date of Baptism</b> (If unknown, give approx. date)				
<b>Church of Baptism</b> <b>and Denomination</b>				
<b>Father's Name</b>				
<b>Mother's Maiden Name</b>				
<b>Present Name and</b> <b>Addresses of Parents</b>				

1. Have you approached a Catholic Marriage Tribunal before?  
If so, where:  
Result? (If necessary, use reverse side of this sheet.)
2. Length of acquaintanceship before marriage:
3. Date of marriage: Name of Officiant:
4. Place of marriage (Name, address and denomination of Church):
5. Was this the first marriage for both of you? If not, give names, dates, and places of other marriages.
6. Names and birthdates of children:
7. Dates and duration of temporary separations:
8. Date of final separation:
9. Date of legal separation:
10. Date and place of civil divorce:
11. Do you believe the Respondent in this marriage will be willing to assist in this matter?
12. Have either of you received any marriage or psychological counseling? If so, place indicate name and address(es).
13. Are you presently remarried? If so:  
  
Name of present spouse:  
Religion:  
  
Was he/she married before? (If yes, please explain.)

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Date of Application

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Signature of Petitioner



REQUEST FOR TRIBUNAL STUDY

THIS SECTION TO BE COMPLETED BY THE PARISH PRIEST

Note to Priest:

To assist in this pastoral work, we would greatly appreciate whatever information you may be able to provide in answer to the following questions. Use additional paper if you wish.

1. What is your name, address, and present assignment?
  
2. Please indicate:
  - a) How long and how well have you known the Petitioner:
  
  - b) How familiar you are with this person's marital problems:
  
  - c) Your assessment of this person's character and truthfulness:
  
3. What, in your judgement, is the possible basis for the annulment or dissolution of this marriage?

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Signature of Priest

Dated at: \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_

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PARISH SEAL: