



THE ARCHDIOCESE OF SAN FRANCISCO
METROPOLITAN TRIBUNAL

For Office Use Only Date Accepted: _____ By: _____ Seek Competence? _____

ONE PETER YORKE WAY, SAN FRANCISCO, CA 94109-6602 (415) 614-5690 FAX (415) 614-5696

**APPLICATION FOR FORMAL CASES OF NULLITY
 AND PRIVILEGE OF THE FAITH CASES
 ("Form C")**

PETITIONER	NAME	RESPONDENT
_____	NAME	_____
_____	MAIDEN NAME (IF APPLICABLE)	_____
_____	ADDRESS	_____
_____	CITY, STATE, ZIP	_____
_____	HOME PHONE	_____
(W) _____ (C) _____	OTHER PHONES	(W) _____ (C) _____
_____	E-MAIL ADDRESS	_____
_____	DATE OF BIRTH	_____
_____	PLACE OF BIRTH	_____
_____	RELIGION	_____
_____	DATE OF BAPTISM	_____
_____	CHURCH OF BAPTISM	_____
_____	MAILING ADDRESS (CHURCH OF BAPTISM)	_____
_____	AGE AT TIME OF THIS MARRIAGE	_____
A) _____ B) _____	A) NUMBER OF THIS MARRIAGE	A) _____ B) _____
	B) TOTAL NUMBER OF MARRIAGES	

Petitioner's Parents Parents' Names Father's Name: _____ Mother's Name: _____	*Please indicate if a parent is living or deceased. Respondent's Parents Father's Name: _____ Mother's Name: _____
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MARRIAGE UNDER INVESTIGATION

Year the Petitioner and Respondent met: _____

Length of engagement: _____

Date of Marriage: _____

Officiant at the Marriage (priest, minister, judge, etc): _____

Date of Convalidation (if applicable): _____

Place of the Marriage

(If the marriage took place in a Catholic church, please also give the name of the church)

Name of Church or Place of Marriage

Length of time the parties lived together after the marriage: _____

Number and age of children of the marriage: _____

If applicable, who has custody? _____

Date of Final Judgment of Dissolution of the marriage: _____

Where was the Final Judgment issued (County and State): _____

Who initiated proceedings? _____

Why does the petitioner believe that this marriage should not have taken place?

Please forward the following documents so the tribunal can begin to process this case:

- 1. Baptismal Certificate (issued within the last six months)**
- 2. Marriage License**
- 3. Final Judgment of Dissolution of Marriage**
- 4. One Hundred Dollar (\$100.00) Filing Fee.**

Signature of Petitioner

Date

PASTORAL EVALUATION

The Marriage in Question

Were there any unusual circumstances before or during the marriage such as undue pressure, pregnancy, substance abuse, etc.? Yes No

If yes, please explain:

Will the petitioner be able to complete the Petitioner's Narrative, which is a narrative history of the marriage? Yes No
Are there witnesses who can testify to the circumstances of the courtship & marriage? Yes No
Do most of these witnesses live in San Francisco, Marin or San Mateo Counties? Yes No

If not, where do they live: _____

For Privilege of the Faith Case, please provide the name of the Interested Party (e.g., Intended Spouse).

Please provide recent Baptismal Certificate for Interested Party.

Status of the Petitioner

Is the Petitioner presently re-married civilly? Yes No
Does the Petitioner intend to marry in the Church? Yes No
If "Yes," is the Petitioner's intended spouse free to marry in the Church? Yes No
Is the Petitioner or the Petitioner's intended spouse preparing for Baptism or reception into the Catholic Church? Yes No

I, the Petitioner, acknowledge that no wedding date (not even a tentative date) can be set until a final declaration of nullity is given.

Acknowledgement of Petitioner: _____
Signature of Petitioner

Fees

Have you informed the Petitioner that there is a fee of \$600.00 for a Formal Case if it is accepted? Yes No
Does the Petitioner know that this fee can be paid in monthly installments? Yes No
If this fee is burdensome, what accommodation do you suggest should be made for the petitioner?

Some cases require the review of the tribunal appointed psychologist which entails an additional cost. Can the Petitioner pay this fee? Yes No
Are you willing to assist the Petitioner during the preparation of this case? Yes No

Signature of the Pastoral Minister: _____

Please Print Name: _____

Name of Church of Pastoral Minister: _____

Mailing Address of Pastoral Minister: _____

Pastoral Minister's Phone(s): Work: _____ Other: _____

Email: _____