

# DIOCESE OF LA CROSSE INVALID MARRIAGE FORM

*(Please print or type all information.)*

## WHEN TO USE THIS FORM

**This form is used for invalid marriages due to:**

1. A defect in the form (e.g., lack of proper delegation, only one witness, etc.)
2. A lack of form (i.e, the marriage of a Catholic before a civil official or non-Catholic minister without legitimate dispensation)
3. A ligamen (i.e., the respondent is bound by a previous valid marriage bond)

## PETITION FOR RECOGNITION OF INVALIDITY

Most Reverend Bishop:

I, \_\_\_\_\_, a \_\_\_\_\_,

First Middle Last Suffix Catholic/Non-Catholic

petition for an official recognition of invalidity of my former marriage with \_\_\_\_\_

First

\_\_\_\_\_, a \_\_\_\_\_, on the basis of

Middle Last Suffix Catholic/Non-Catholic

Defect in Form / Lack of Form / Ligamen

The ceremony took place in the presence of \_\_\_\_\_ on

Priest, non-Catholic minister, rabbi, civil official, or similar

\_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_

Month and Day Year Site of Ceremony

in \_\_\_\_\_

City and State (and Country if outside the USA)

This marriage was civilly dissolved by \_\_\_\_\_ in \_\_\_\_\_

Divorce or Civil Annulment Name of County or County Equivalent

County, in the State of \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_

State Month and Day Year

**OATH:** *The priest, deacon, or pastoral associate should explain the nature of the oath and then ask:*

Having God as your witness, do you solemnly swear to tell the truth in answer to the following questions? \_\_\_\_\_

Yes/No  
& Initials

**DATE:** What is the date of the forthcoming marriage/convalidation? \_\_\_\_\_

Month-Day-Year

**GENERAL INFORMATION**  
**PETITIONER**

**Name** \_\_\_\_\_  
First Middle Last \* Maiden \*

**Address** \_\_\_\_\_  
Street Address

\_\_\_\_\_ **Primary Telephone** \_\_\_\_\_  H  C  
City State ZIP

**Other Telephone** \_\_\_\_\_  W  C **E-Mail** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_  
Month-Day-Year City, State, Country (if outside the USA)

**How long have you lived in the Diocese of La Crosse?** \_\_\_\_\_  Months  Years

**Do you intend to leave the Diocese of La Crosse?**  Yes  No

**Religion** \_\_\_\_\_ **Baptized?**  Yes  No **Date of Baptism** \_\_\_\_\_  
Month-Day-Year

**Church of Baptism** \_\_\_\_\_ **Place of Baptism** \_\_\_\_\_  
Name of Church City, State, Country (if outside the USA)

**First Communion?**  Yes  No **If yes, date of First Communion** \_\_\_\_\_  
Month-Day-Year

**If yes, church and place of First Communion** \_\_\_\_\_  
Church Name City, State

**Confirmation?**  Yes  No **If yes, date of Confirmation** \_\_\_\_\_  
Month-Day-Year

**If yes, church and place of Confirmation** \_\_\_\_\_  
Church Name City, State

**Father's Name** \_\_\_\_\_  
First Middle Last Suffix

**Father**  Living  Deceased **If deceased, year of death** \_\_\_\_\_

**Father's Address** \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State ZIP

**Mother's Name** \_\_\_\_\_  
First Middle Last \* Maiden \*

**Mother**  Living  Deceased **If deceased, year of death** \_\_\_\_\_

**Mother's Address** \_\_\_\_\_  
Street Address

Same as Father's \_\_\_\_\_  
City State ZIP

**In what parish are you, if Catholic, and/or your fiancé(e) or present spouse registered as members?**

\_\_\_\_\_ Parish Name City, State

**If not registered in a parish, to what extent are you, if Catholic, and/or your fiancé(e) or present spouse practicing the Catholic faith (attendance at Sunday Mass, raising Children Catholic, etc.)?** \_\_\_\_\_

\_\_\_\_\_

For Catholics

# RESPONDENT

**Name** \_\_\_\_\_  
First Middle Last \* Maiden \*

**Address** \_\_\_\_\_  
Street Address

\_\_\_\_\_ **Primary Telephone** \_\_\_\_\_  H  C  
City State ZIP

**Other Telephone** \_\_\_\_\_  W  C **E-Mail** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_  
Month-Day-Year City, State, Country (if outside the USA)

**How long have you lived in the Diocese of La Crosse?** \_\_\_\_\_  Months  Years

**Do you intend to leave the Diocese of La Crosse?**  Yes  No

**Religion** \_\_\_\_\_ **Baptized?**  Yes  No **Date of Baptism** \_\_\_\_\_  
Month-Day-Year

**Church of Baptism** \_\_\_\_\_ **Place of Baptism** \_\_\_\_\_  
Name of Church City, State, Country (if outside the USA)

**For Catholics**

**First Communion?**  Yes  No **If yes, date of First Communion** \_\_\_\_\_  
Month-Day-Year

**If yes, church and place of First Communion** \_\_\_\_\_  
Church Name City, State

**Confirmation?**  Yes  No **If yes, date of Confirmation** \_\_\_\_\_  
Month-Day-Year

**If yes, church and place of Confirmation** \_\_\_\_\_  
Church Name City, State

**Father's Name** \_\_\_\_\_  
First Middle Last Suffix

**Father**  Living  Deceased **If deceased, year of death** \_\_\_\_\_

**Father's Address** \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State ZIP

**Mother's Name** \_\_\_\_\_  
First Middle Last Suffix

**Mother**  Living  Deceased **If deceased, year of death** \_\_\_\_\_

**Mother's Address** \_\_\_\_\_  
Street Address

Same as Father's  
\_\_\_\_\_ City State ZIP

# MARRIAGE INFORMATION

Date of Marriage to Respondent \_\_\_\_\_  
Month-Day-Year

Place of Marriage to Respondent \_\_\_\_\_  
Name of Church or Other Site

\_\_\_\_\_  
City and State (and Country, if outside the USA)

Was this the first marriage for each of you?  Yes  No

If **no**, please list former marriages for yourself and the respondent, including the date and place of all marriages  
(use additional sheets if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you were previously married, did either of you receive a Church annulment of a former marriage?  Yes  No

If **yes**, please give the full names of both parties, the date of marriage and annulment, and the name of the  
(arch)diocese where the annulment was granted (use additional sheets if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Final Separation with Respondent \_\_\_\_\_  
Month-Day-Year

Date of Divorce or Civil Annulment \_\_\_\_\_  
Month-Day-Year

County (or County Equivalent) and State where Granted \_\_\_\_\_  
Name of County or County Equivalent and State

Who was the Petitioner for the Divorce or Civil Annulment? \_\_\_\_\_  
First Middle Last

After divorce/civil annulment from the Respondent, did you enter another marriage?  Yes  No

If **yes**, please give the following for the for each subsequent marriage (use additional sheets if necessary):

<u>Name of Spouse</u>	<u>Religion</u>	<u>Date of Marriage</u>	<u>Place of Marriage</u>
_____	_____	_____	_____
_____	_____	_____	_____

If you have not remarried, are you seeing or going out with anyone with a view to marriage?  Yes  No

If **yes**, His/Her Name \_\_\_\_\_  
First Middle Last

His/Her Address \_\_\_\_\_  
Street City State ZIP

His/Her Religion \_\_\_\_\_  Unbaptized

Was this person previously married?  Yes  No If **yes**, is the spouse still living?  Yes  No

Has the Respondent entered another marriage?  Yes  No

If **yes**, please give the full name of the new spouse and the date and place of marriage \_\_\_\_\_

\_\_\_\_\_

Was a special dispensation issued by the Catholic Church to allow you to marry the Respondent before a non-Catholic minister or civil official?  Yes  No

If **yes**, which (arch)diocese issued the dispensation? \_\_\_\_\_

Name of (arch)diocese or (arch)eparchy

Was your marriage to the Respondent ever subsequently convalidated according to the marriage laws of the Catholic Church?  Yes  No

*FOR THOSE WITH A PREVIOUS MARRIAGE THT TOOK PLACE BETWEEN NOVEMBER 27, 1983 AND APRIL 9, 2010*

Did the Catholic party of the marriage ever FORMALLY leave the Catholic faith (e.g., receive a new baptism, make a profession of faith, or give formal allegiance to any non-Catholic church, ecclesial community, sect, or denomination)?  Yes  No

If **yes**, please give an explanation and the date it occurred \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It may be necessary that we contact your former spouse. Do you have any objection to this contact?  Yes  No

If **yes**, please explain \_\_\_\_\_

\_\_\_\_\_

## SIGNATURES

Signature \_\_\_\_\_

Petitioner

Place \_\_\_\_\_

City, State

Signature \_\_\_\_\_

Interviewer

Date \_\_\_\_\_

Month-Day-Year

## REQUIRED DOCUMENTS

Please supply the following documents with this petition and testimony:

1. A recent copy of the petitioner's baptismal certificate, including, if Catholic, notations regarding First Communion and Confirmation.
2. A recent copy of the respondent's baptismal certificate, including, if Catholic, notations regarding First Communion and Confirmation.
3. A copy of the civil marriage certificate of the marriage in question.
4. A copy of the judgment of divorce/civil annulment of the marriage in question.
5. If the petitioner or respondent was married or divorced prior to the marriage in question, please provide a copy (copies) of the civil marriage certificate(s) for prior marriage(s) and a copy (copies) of the judgment(s) of divorce/civil annulment for prior marriage(s).
6. If the petitioner or respondent FORMALLY left the Catholic faith, do any documents, certificates, or witnesses exist that could prove the Catholic party became a member of another non-Catholic church, ecclesial community, sect, or denomination?  Yes  No  N/A If **yes** or **no**, please use additional sheets to explain.

**INTERVIEWER'S EVALUATION AND REMARKS**

- I am personally acquainted with the petitioner and testify to his/her credibility.
- I am not well acquainted with the petitioner but he/she seems trustworthy.

Please add any further comments about this marriage, the petitioner, or this testimony:

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\_\_\_\_\_  
Name of Interviewer

*(Parish Seal)*

# DIOCESE OF LA CROSSE SUPPORTING WITNESS FORM

FOR USE WITH FORM M-C: INVALID MARRIAGE FORM

*(Please print or type all information.)*

## PRELIMINARY INFORMATION

**Case Name** \_\_\_\_\_  
Petitioner-Respondent

**Witness Name** \_\_\_\_\_  
First Middle Last Suffix

**Address** \_\_\_\_\_  
Street Address

\_\_\_\_\_ **Primary Telephone** \_\_\_\_\_  H  C  
City State ZIP

**Name of Petitioner** \_\_\_\_\_  
First Middle Last Suffix

## QUESTIONNAIRE

1. Having God as your witness, do you solemnly swear to tell the truth in answer to the following questions? \_\_\_\_\_  
Yes/No & Initials
2. What is your full name? \_\_\_\_\_  
First Middle Last Suffix
3. What is your relationship with the petitioner named above? \_\_\_\_\_
4. How long have you known this person? \_\_\_\_\_
5. How many times has the petitioner named above been married? \_\_\_\_\_
6. Was the marriage of the petitioner named above to \_\_\_\_\_ witnessed by a priest, a deacon,  
Name of Respondent a non-Catholic minister, or a civil official?  Priest/Deacon  Non-Catholic Minister  Civil Official
7. How do you know the answer to number 6? \_\_\_\_\_
8. Was a special dispensation issued by the Catholic Church for this marriage so that it could take place before a non-Catholic minister or civil official?  Yes  No  Unknown
9. Was this marriage ever convalidated according to the laws of the Catholic Church?  Yes  No  Unknown
10. Do you feel that you would have known about it if the marriage had been convalidated?  Yes  No

**Signature** \_\_\_\_\_  
Supporting Witness

**Date** \_\_\_\_\_  
Month-Day-Year

**Signature** \_\_\_\_\_  
Interviewer

**Parish** \_\_\_\_\_  
Name City, State

*(Parish Seal)*