Form M-C (Revised July 21, 2016)

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

First	Middle	Last	Suffix	, a	lic/Non-Catholic
petition for an offi	cial recognition of	of invalidity of my	/ former marria	ge with	First
Middle	Last	, a	Catholic/No	on-Catholic , O	n the basis of
		Defect in Form/Lack of	Form / Ligamen		
The ceremony took	c place in the pre	sence of	Driegt neg Cethol	io minister, robbi pivil official, or r	OI
Month and Day	, , ,	, at _{Year}		Site of Ceremony	
inCity and	d State (and Country if outside th	ie USA)	_•		
This marriage was	civilly dissolved	by	vil Annulment	Name of County o	or County Equivalent
County, in the Sta	ate of	State	on	Month and Day	,
OATH: The priest, deaco	on, or pastoral asso	ciate should explain	the nature of the	oath and then ask:	
•					
Having God as y	our witness, do you	solemnly swear to	tell the truth in ans	swer to the following) questions? Yes/No & Initial

GENERAL INFORMATION

PETITIONER

If yes, church and place ather's Name First ather Living D ather's Address City Iother's Name	State Ionth-Day-Year he Diocese of La Name of Church Yes	of La Crosse Crosse? Baptized?	C E-Mai _ Place of e?	of Birth _ No No	Date of Ba	ptism _	try (if outside the USA) Years Month-Day-Year
ther Telephone	State Ionth-Day-Year he Diocese of La Name of Church Yes	of La Crosse Crosse? Baptized?	C E-Mai _ Place of e?	of Birth _ No No	Date of Ba	ptism _	try (if outside the USA) Years Month-Day-Year
ther Telephone ate of Birth ow long have you lived in the property of the pr	nonth-Day-Year he Diocese of La Name of Church Yes \Box	of La Crosse Crosse? Baptized?	C E-Mai _ Place of e?	of Birth _ No No	Date of Ba	ptism _	try (if outside the USA) Years Month-Day-Year
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ow long have you lived in the oyou intend to leave the Diseligion First Communion? If yes, church and place Confirmation? If yes, church and place ther's Name First Other's Address City Other's Name First City	he Diocese of La Name of Church	of La Crosso Crosse? Baptized?	Place of Place of Place of F	of Birth _ □ No □ No of Baptisi	Date of Ba	ptism _	try (if outside the USA) Years Month-Day-Year
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First Communion? If yes, church and place Confirmation? If yes, church and place Ather's Name First Ather Living D Ather's Address City Other's Name First	Name of Church Yes	Baptized?	? □ Yes _ Place o	□ No	m		
First Communion? If yes, church and place Confirmation? If yes, church and place Ather's Name First Ather Living D Ather's Address City Other's Name First	Name of Church Yes	o If yes,	_ Place o	of Baptisi	m		
First Communion? If yes, church and place Confirmation? If yes, church and place Ather's Name First Ather Living D Ather's Address City Other's Name First	Name of Church Yes	o If yes,	_ Place o	of Baptisi	m		
First Communion? If yes, church and place Confirmation? If yes, church and place ather's Name First There Living Detect Address City Other's Name First Firs	Yes □ No	If yes,	date of F			ity, State, Coun	
First Communion? If yes, church and place Confirmation? If yes, church and place Ather's Name First There Living Description Street Address City Other's Name First First First First City Other's Name First	Yes □ No	If yes,	date of F			ity, State, Coun	
If yes, church and place Confirmation? If yes, church and place Ither's Name First Ither Living D Ither's Address City Other's Name First				irst Com	-		try (if outside the USA)
If yes, church and place ther's Name ther's Name ther Living D ther's Address City Other's Name	e of First Co	mmunion			munion		Month-Day-Year
If yes, church and place of ther's Name Ither's Name Ither	e or First Co	mmumon					
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ather's Name First Ather Living D Ather's Address City Other's Name First						М	onth-Day-Year
ather's Name First Ather Living D Ather's Address City Other's Name First	e of Confirm	ation	Chu	urch Name			City, State
Ather Living D Ather's Address City Other's Name First							2.17, 2.2
Street Address City Other's Name First		Middle			Last		Suffix
Street Address City Other's Name	eceased	If dece	eased, yea	ar of dea	th		
City other's Name First			, ,				_
other's Name	SS .						
other's Name							
First						State	ZIP
		Middle			Last		* Maiden *
other ⊔ Livina ⊔ D			_				A Waluell A
	eceased	If dece	eased, yea	ar of dea	th		_
other's Address							
Same as	ю						
Father's						State	ZIP
what parish are you, if Cat	de alla es 17	r vour fianc	é(e) or pr	resent en	ouse regist	ered as r	nemhers?
miat parion are you, ii Gat	DOIL SUGIO	your name	c(c) or pr	osent sp	vase regisi	orcu as I	HOHINGI Ə :
Parish Name	nolic, and/ol					City, S	State
not registered in a parish, t	nolic, and/ol			1/	· · · · · · · · · · · · · · · · · · ·		

RESPONDENT

Nam	e	First			Middle			Look		* Maiden *	
					Middle			Last		* Maiden *	
Addr	'ess	Street	Address								
						Primar	v Telenh	one		🗆 Н 🗆	l C
	C	ity		State	ZIP	_ 1 11111141,	y relept	ione			
Othe	r Telephone					C E-Mai	I				
Date	of Birth					_ Place c	of Birth _			Country (if outside the USA)	
How	long have you	lived	in the Did	ocese o	f La Crosse	?		□	Months	☐ Years	
Do y	ou intend to le	ave th	e Dioces	of La	Crosse?	□ Yes	□ No				
Relig	jion				Baptized?	□ Yes	□ No	Date of	Baptism	Month-Day-Year	
Chur	ch of Baptism		Nam	e of Church		Place o	of Baptis	sm	City, State,	Country (if outside the USA)	
	First Commu	nion?	П Уес	□No	If ves	date of F	irst Con	nmunion			
ιχ	T II St Commu		□ 103		11 yes, (aato oi i				Month-Day-Year	
Catholics	If yes, church	and p	olace of F	irst Co	mmunion _						
Cath										City, State	
For (Confirmation	?	☐ Yes	□ No	If yes, o	date of C	Confirma	ition		Month-Day-Year	
_	If ves. church	and r	olace of C	onfirm	ation						
	If yes, church	. ana p	J.1400 01 0			Chi	urch Name			City, State	
Fath	er's Name										
		First			Middle			Last		Suffix	
Fath	er □ Livino)	□ Deceas	ed	If dece	ased, ye	ar of dea	ath			
Fath	er's Address _										
		Street	Address								
		City	,						State	ZIP	
Moth	er's Name										
		First			Middle			Last		Suffix	
Moth	ner 🗆 Livino)	□ Deceas	ed	If dece	ased, ye	ar of dea	ath			
Moth	ner's Address_										
	Same as	Street	Address								
F	ather's	City	/						State	ZIP	

MARRIAGE INFORMATION

Date of Ma	rriage to Respondent		Month-Day-Year		
Diago of M	arriago to Boonandont		•		
Place Of IVI	arriage to Respondent		Name of Church or Other Site		
			City and State (and Country, if outside the	USA)	
Was this th	ne first marriage for eac	ch of you? ☐ Yes [□ No		
			e respondent, including the		
If you were	e previously married, di	d either of you receive	a Church annulment of a	a former marria	ge? □ Yes □ No
			date of marriage and annul additional sheets if necessa		
Date of Fir	nal Separation with Res	pondent	Month-Day-Year		
Date of Div	orce or Civil Annulmer	nt			
			I	y or County Equivalent and	State
Who was t	he Petitioner for the Div	orce or Civil Annulme	ent?	Middle	Last
After divor	ce/civil annulment fron	n the Respondent, did	you enter another marria	ge? □ Yes	□ No
		•	equent marriage <i>(use addit</i> i		
<u>-</u>	Name of Spouse	Religion	Date of Marriage	<u>Place</u>	of Marriage
If you have	e not remarried, are you	seeing or going out v	vith anyone with a view to	marriage? [□ Yes □ No
If yes	s, His/Her Name	Firet	Middle		Last
	His/Her Address _	Street			
	His/Her Religion _		City	State	ziP _ □ Unbaptized
		eviously married? Ye			·

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
	s a special dispensation issued by the Catholic Church to allow you to marry the Respondent before a non-nolic minister or civil official?
	If yes, which (arch)diocese issued the dispensation? Name of (arch)diocese or (arch)eparchy
\A/	
	s your marriage to the Respondent ever subsequently convalidated according to the marriage laws of the nolic Church? ☐ Yes ☐ No
FOR	THOSE WITH A PREVIOUS MARRIAGE THT TOOK PLACE BETWEEN NOVEMBER 27,1983 AND APRIL 9, 2010
prof	the Catholic party of the marriage ever FORMALLY leave the Catholic faith (e.g., receive a new baptism, make a ression of faith, or give formal allegiance to any non-Catholic church, ecclesial community, sect, of community \square Yes \square No
	If yes , please give an explanation and the date it occurred
It ma	ay be necessary that we contact your former spouse. Do you have any objection to this contact? \Box <code>Yes \Box</code> <code>No</code>
	If yes , please explain
	SIGNATURES
Sign	nature Place City, State
Sian	nature Date
Olgii	nature Date Month-Day-Year
	REQUIRED DOCUMENTS
Plea	ase supply the following documents with this petition and testimony:
1.	
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

If **yes** or **no**, please use additional sheets to explain.

denomination? ☐ Yes

□ No

□ N/A

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:	
Name of Interviewer	

(Parish Seal)

Form M-C-SW (Revised July 21, 2016)

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	e		Pet	titioner–Respondent			
Witness Na	ame First		Middle		Last		Suffix
A -l -l							
Address _	Street Address						
				Duim au Ta	Jambana		
-	City	State	ZIP	_ Primary re	elepnone		□ Н □
Name of D	atiti a n a r						
Name of P	First		Middle		Last		Suffix
			QUE	STIONNAI	RE		
1 Having G	od as your witness,	do vou solemn	ılv swear t	to tell the trutl	n in answer to	the following a	uestions?
	, , , , , , , , , , , , , , , , , , , ,		,				Yes/No & Initia
2. What is v	our full name?						
		First	M	liddle		Last	Suffix
3. What is y	our relationship with	the petitioner	named ab	ove?			
4. How long	g have you known th	is person?			·		
5. How mar	ny times has the pet	tioner named a	above bee	n married? _			
C 14/ th			h 4 -				
6. was the	marriage of the peti-	loner named a	bove to	Name of F	espondent	witnessed	d by a priest, a deacc
a non-0	Catholic minister, or	a civil official?	☐ Pries	st/Deacon	□ Non-Cath	olic Minister	☐ Civil Official
7. How do y	you know the answe	r to number 6?					
	pecial dispensation is c minister or civil off				marriage so th	at it could take	place before a non-
9. Was this	marriage ever conv	alidated accord	lina to the	laws of the C	atholic Church	n? □ Yes	□ No □ Unknow
	· ·		J				
10. Do you	feel that you would	nave known ab	out it if the	e marriage ha	id been conva	lidated? □ Y	es □ No
Signature _	Suppor	ing Witness		_ Date	e	Month-Day-	Voor
	Зиррог	1119 AA1111622				wonui-Day	- I GGI
Signature				Dori	sh		
orginature _		rviewer		_ Fall	Name		City, State