Form M-C (Revised 2019)

# DIOCESE OF LA CROSSE INVALID MARRIAGE FORM

(Please legibly 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:

				, a,
First	Middle	Last	*Maiden*	Catholic/Non-Catholic
for an officia	al recognition of in	validity of my for	mer marriage w	<i>i</i> ith
st N	<i>l</i> iddle Las	t	*Maiden*	, a Catholic/Non-Catholic
asis of				
Det	fect in Form / Lack of I	Form / Ligamen		
eremony too	k place in the pres	sence of	acon non-Catholic	ON ON
Month and	Day , Y	, at ear	Si	te of Ceremony
City and Stat	te (and Country if outs	side the USA)	. •	
urriage was civ	illy dissolved by	Divorce or Ci	in vil Annulment	Name of County or County Equivalent
nty, in the S	tate of		on	
-	State (and C	country if outside the	e USA)	Month-Day-Year
he priest, dea	con, or pastoral assoc	ciate should explain	the nature of the o	path and then ask:
-	-	-		
/hat is the date	e of the forthcoming m	narriage/convalidati	on?	Month-Day-Year
	for an officia st M asis of Def eremony too Month and City and Stat arriage was civ nty, in the S he priest, deal od as your wit	for an official recognition of in st Middle Las asis of Defect in Form / Lack of I eremony took place in the prese Month and Day ' Y City and State (and Country if outs arriage was civilly dissolved by hty, in the State of State (and Country if outs arriage was civilly dissolved by hty, in the State of State (and Country if outs arriage was civilly dissolved by hty, in the State of State (and Country if outs arriage was civilly dissolved by hty, in the State of be priest, deacon, or pastoral associated as your witness, do you solemnly	for an official recognition of invalidity of my for st Middle Last asis of	for an official recognition of invalidity of my former marriage w st Middle Last *Maiden* asis of Defect in Form / Lack of Form / Ligamen eremony took place in the presence of priest, deacon, non-Catholic

**NAME and LOCATION:** What is the name and location of the church of the forthcoming marriage/convalidation?

**OFFICIANT:** Who will officiate at the forthcoming marriage/convalidation?

### GENERAL INFORMATION PETITIONER

Name					
	First	Middle	Last	:	* Maiden $*$
Address	Street Address				
Cit		State		ZIP	
	•				
Primary Telephone					
Date of Birth	Month-Day-Year	Place of	of Birth City, S	State, Country (	if outside the USA)
How long have you	lived in the Diocese c	of La Crosse?		Years 🗆 Me	onths
Do you intend to lea	we the Diocese of La	Crosse?	□ No		
Religion		Baptized?	□ No Date of		
Church of Dontion		Diasa	of Doution		Ionth-Day-Year
Church of Baptism	Name of Chu	rch	City, S	State, Country (	if outside the USA)
First Commun	i <b>on?</b> □ Yes □ No	If yes, date of I	First Communion		
S				Mont	h-Day-Year
If yes, church	and place of First Co	mmunion			
တို့ If yes, church တို့ Confirmation ဒ		Chu	rch Name C	City, State, Cour	ntry (if outside the US
Confirmation?	P □ Yes □ No	If yes, date of (	Confirmation	<b>.</b>	<u> </u>
				Wonth-	Day-Year
lf yes, church	and place of Confirm		rch Name C	ity State Cour	ntry (if outside the US
athor's Namo				nty, State, Cour	
ather 5 Name	First	Middle	Last	:	Suffix
Father D Living	□ Deceased	If deceased, ye	ar of death		
ather's Address _					
	Street Address	City, Stat	e, Zip, Country (if c	outside the USA	A)
Mother's Name					
	First	Middle	Last		* Maiden $*$
Mother D Living	□ Deceased	If deceased, ye	ear of death		
Mother's Address 🗆					
	Father's	Street	•	• •	try (if outside the USA
n what parish are y	ou, if Catholic, and/or	r your fiancé(e) or p	resent spouse reg	jistered as me	mbers?
Parish	Name			City, Sta	nte
	i parish, to what exter	nt are you if Cathol	ic. and/or your fia	•	
	ttendance at Sunday				

## RESPONDENT

Address	Name	e						
Street Address         City       State       ZIP         Primary Telephone       Home       Work       Cell       E-mail         Date of Birth       Place of Birth       City, State, Country (if outside the USA)         How long have you lived in the Diocese of La Crosse?       Yes       No         Religion       Baptized?       Yes       No         Religion       Baptized?       Yes       No       Date of Baptism         Church of Baptism       Name of Church       City, State, Country (if outside the USA)         First Communion?       Yes       No       Date of Baptism         Name of Church       Place of Baptism       Month-Day-Year         If yes, church and place of First Communion       Month-Day-Year       Month-Day-Year         If yes, church and place of Confirmation       Church Name       City, State         Generation?       Yes       No       If yes, date of Confirmation       Month-Day-Year         If yes, church and place of Confirmation       Church Name       City, State       City, State         Father's Name       First       Middle       Last       Suffix         Father's Address       Street Address       Street Address       Suffix         City       State, Zip, Countr			First	Midd	le		Last	* Maiden $*$
Primary Telephone	Addro	ess	Street Addre	SS				
Primary Telephone								
Date of Birth       Month-Day-Year       Place of Birth       City, State, Country (if outside the USA)         How long have you lived in the Diocese of La Crosse?       Yes       No       No         Religion       Baptized?       Yes       No       Date of Baptism       Month-Day-Year         Church of Baptism       Baptized?       Yes       No       Date of Baptism       Month-Day-Year         Church of Baptism       Name of Church       Place of Baptism       City, State, Country (if outside the USA)         First Communion?       Yes       No       If yes, church and place of First Communion       Month-Day-Year         If yes, church and place of First Communion       Church Name       City, State       Month-Day-Year         If yes, church and place of Confirmation       Church Name       City, State       Month-Day-Year         If yes, church and place of Confirmation       Church Name       City, State       Father's Name       First       Middle       Last       Suffix         Father's Name       First       Middle       Last       Suffix       Street Address         City       State, Zip, Country (if outside the USA)       Mother's Name       Suffix       Suffix         Mother's Name       First       Mode       Last       Suffix			City	Sta	ate			ZIP
How long have you lived in the Diocese of La Crosse?	Prima	ary Telephon	ie	Home	e □ Work	□ Cell	E-mail	
How long have you lived in the Diocese of La Crosse?	Date	of Birth			Place c	of Birth _		
Do you intend to leave the Diocese of La Crosse?       Yes       No       Date of Baptism         Religion			Month-Da	ay-Year			City, State, C	Country (if outside the USA)
Religion       Baptized?       Yes       No       Date of Baptism	How	long have yo	ou lived in the D	iocese of La Cross	se?		C	] Years D Months
Month-Day-Year         Church of Baptism	Do yo	ou intend to	leave the Dioce	se of La Crosse?	□ Yes	□ No		
Church of Baptism       Name of Church       Place of Baptism         Signature       First Communion?       Yes       No       If yes, date of First Communion         If yes, church and place of First Communion	Relig	jion		Baptized	<b>?</b> □ Yes	□ No	Date of Baptis	m
Name of Church       City, State, Country (if outside the USA)         First Communion?       Yes       No       If yes, date of First Communion								Month-Day-Year
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	Chur	ch of Baptisi	n		Place c	of Baptis	m	
If yes, church and place of First Communion							•	
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's Address       Street Address       Street Address       City       State, Zip, Country (if outside the USA)         Mother's Name       First       Middle       Last       Suffix         Mother's Address       Same as       Street address		First Comm	union?	□ No If yes	, date of F	irst Con	nmunion	
If yes, church and place of Confirmation	olics							-
If yes, church and place of Confirmation	atho	If yes, churc	ch and place of	First Communion				
If yes, church and place of Confirmation	o. O	Confirmatio	n? □Yes	□ No If ves	. date of C	Confirma	ition	
Father's Name     City, State       Father's Name     First     Middle     Last     Suffix       Father     Living     Deceased     If deceased, year of death	ш.	•••••		,	,			Month-Day-Year
Father's Name       First       Middle       Last       Suffix         Father       Living       Deceased       If deceased, year of death		If yes, churc	ch and place of	Confirmation				
First Middle Last Suffix     Father Living Deceased If deceased, year of death     Father's Address     Gity State, Zip, Country (if outside the USA)     Mother's Name     First     Mother's Address     First     Mother's Address     Suffix     Mother's Address     Same as   Father's   Street address     Street address					Chur	ch Name	9	City, State
Father       Living       Deceased       If deceased, year of death	Fathe	er's Name		N 4: - I - I				0.4
Father's Address				IVIIdd	le		Last	Sumix
Street Address     City     State, Zip, Country (if outside the USA)     Mother's Name     First     Middle     Last     Suffix     Mother's Address     Same as   Father's     Street address	Fathe	er 🗆 Livir	ng 🗆 Decea	ised If dec	eased, ye	ar of dea	ath	
City       State, Zip, Country (if outside the USA)         Mother's Name	Fathe	er's Address						
Mother's Name     First     Middle     Last     Suffix       Mother     □ Living     □ Deceased     If deceased, year of death			Sileet Addre	55				
First     Middle     Last     Suffix       Mother     Living     Deceased     If deceased, year of death			City			Sta	te, Zip, Country (i	f outside the USA)
Mother       Living       Deceased       If deceased, year of death         Mother's Address       Same as	Moth	er's Name						
Mother's Address  Same as  Father's Street address								
Father's Street address	Moth	er 🗆 Livir	ng 🗆 Decea	ised If dec	eased, ye	ar of dea	ath	
	Moth	er's Address		Straat addra				
			raulet s		33			
City State, Zip, Country (if outside the USA)			City			Stat	te, Zip, Country (i	f outside the USA)

#### MARRIAGE INFORMATION

Date of Marria	ige to Respondent							
			Month-Day-Year					
Place of Marri	ce of Marriage to Respondent							
		City and	State (and Country, if o	outside the US	SA)			
Was this the f	irst marriage for eac	h of you? □ Yes □	] No					
		ges for yourself and the sary)						
lf <b>yes</b> , pl	ease give the full nam	d either of you receive nes of both parties, the d ment was granted <i>(use a</i>	ate of marriage and an	nulment, and				
				<i>,</i> ,				
Date of Final	Separation with Resp	oondent	Month-Da	v-Voor				
				y- i eai				
Date of Divor	ce or Civil Annulmen	t Month-Da	v-Year					
County (or Co	ounty Equivalent) and	d State where divorce v						
County (or Co				y or County E	quivalent and State			
Who was the	Petitioner for the Div	orce or Civil Annulme	nt?					
			First	Middle	Last			
After divorce/	civil annulment from	the Respondent, did y	ou enter another mar	rriage?	∃Yes □No			
lf <b>yes</b> , pl	ease give the followin	g for the for each subse	quent marriage <i>(use ac</i>	ditional sheet	ts if necessary):			
<u>Na</u>	me of Spouse	<u>Religion</u>	Date of Marriage	2	Place of Marriage			
 If you have no	ot remarried, are you	seeing or going out w	ith anyone with a view	v to marriage	? 🗆 Yes 🗆 No			
lf <b>yes</b> ,	His/Her Name	First	Middle		Last			
	His/Her Address	Street	City		State ZIP			
	His/Her Religion				Unbaptized			
		viously married?	s □ No lf <b>ves</b> is t	he spouse stil	Il living? □ Yes □ No			

Has the Respondent entered another marriage?  □ Yes □ No
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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 Ch Catholic minister or civil official?	າurch to allow yo	ou to marry the Respondent before a non-
If <b>yes</b> , which (arch)diocese issued the dispensation	Name	of (arch)diocese or (arch)eparchy
Was your marriage to the Respondent ever subseque Catholic Church?	ently convalidate	d according to the marriage laws of the
FOR THOSE WITH A PREVIOUS MARRIAGE THAT TOOK PL	ACE BETWEEN N	OVEMBER 27,1983 AND APRIL 9, 2010
Did the Catholic party of the marriage ever FORMALLY profession of faith, or give formal allegiance to denomination)?		
If <b>yes</b> , please give an explanation and the date it or	ccurred	
It may be necessary that we contact your former spou	·	
SIG	GNATURES	
Signature Petitioner	Place	City, State
Signature Interviewer	Date	Month-Day-Year

#### **REQUIRED DOCUMENTS**

Please supply the following documents with this petition and testimony:

- 1. If the petitioner is Catholic, supply a recently issued baptismal certificate including notations regarding First Communion, Confirmation, Marriage, previous annulments, consecration to religious life, and Holy Orders.
- 2. If the respondent is Catholic, supply a recently issued baptismal certificate including notations regarding First Communion, Confirmation, Marriage, previous annulments, consecration to religious life, and Holy Orders.
- 3. A copy of the civil marriage certificate of the marriage in question. This can be obtained by the Register of Deeds in the county where the marriage took place.
- 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).
- 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
   If yes please use additional sheets to explain.

## INTERVIEWER'S EVALUATION AND REMARKS

□ I am personally acquainted with the petitioner and testify to his/her credibility.

 $\Box$  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)

# DIOCESE OF LA CROSSE SUPPORTING WITNESS FORM

This form is used only when the County Register of Deeds Office doesn't have the marriage certificate due to a fire, flood, or some other serious reason.

(Please print or type all information.)

#### **PRELIMINARY INFORMATION**

Case Name								
			Petitione	er-Respondent				
Witness Na	me							
	First		Middle		Last			Suffix
Address								
	Street Address							
				rimary Tele	phone			_□н□с
	City	State	ZIP					
Name of Per								
	First		Middle		Last			Suffix
			QUEST	IONNAIRE	E			
1 Having Go	od as your witness,	do vou solemr	nly swear to t	all the truth i	answer to the	following a	estions?	
1. Having Ot			ily Swear to t			Tonowing qu		Yes/No & Initials
2 What is vo	our full name?							
2. What is ye	our full name?	First	Middle		Last			Suffix
3. What is yo	our relationship with	n the petitioner	named above	e?				
4. How long	have you known th	is person?						
5. How many	/ times has the pet	itioner named a	above been n	narried?				
6. Was the n	narriage of the peti	tioner named a	bove to	Name of Resp	ondent	witnessed	by a pries	st, a deacon,
	atholic minister, or				Non-Catholic			l Official
7. How do yo	ou know the answe	r to number 6?						
	ecial dispensation i minister or civil off			h for this ma □ Unkno		could take	place befo	ore a non-
9. Was this r	narriage ever conv	alidated accord	ling to the lav	vs of the Cat	holic Church?	□ Yes [	⊐ No	□ Unknown
10. Do you fe	eel that you would	have known ab	out it if the m	arriage had	been convalidat	ted? □ Ye	es ⊡N	0
Signature				Date				
	Suppor	ting Witness		2 4.0		Month-Day-Y	'ear	
-								
Signature	Inte	erviewer		Parish	Name		City, S	State

(Parish Seal)