

# 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:

I, \_\_\_\_\_, a \_\_\_\_\_,  
 First Middle Last \*Maiden\* Catholic/Non-Catholic

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

\_\_\_\_\_, a \_\_\_\_\_,  
 First Middle Last \*Maiden\* Catholic/Non-Catholic

on the basis of \_\_\_\_\_ .  
 Defect in Form / Lack of Form / Ligamen

The ceremony took place in the presence of \_\_\_\_\_ on  
 priest, deacon, 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 (and Country if outside the USA) Month-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

**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

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

**Primary Telephone** \_\_\_\_\_  Home  Work  Cell **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?** \_\_\_\_\_  Years  Months

**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, Country (if outside the USA)

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

**If yes, church and place of Confirmation** \_\_\_\_\_  
Church Name City, State, Country (if outside the USA)

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

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

**Father's Address** \_\_\_\_\_  
Street Address City, State, Zip, Country (if outside the USA)

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

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

**Mother's Address**  Same as \_\_\_\_\_  
Father's Street City, State, Zip, Country (if outside the USA)

**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.)?**

\_\_\_\_\_

RESPONDENT

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

Address \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State ZIP

Primary Telephone \_\_\_\_\_  Home  Work  Cell 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? \_\_\_\_\_  Years  Months

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, Country (if outside the USA)

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

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

Mother's Address  Same as Father's \_\_\_\_\_  
Street address  
\_\_\_\_\_  
City State, Zip, Country (if outside the USA)

## 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 divorce was 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 THAT 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 \_\_\_\_\_ Place \_\_\_\_\_  
Petitioner City, State

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Interviewer 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).
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  
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.

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

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** \_\_\_\_\_  
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)*