



**PETITION FOR INVESTIGATION OF A MARRIAGE BOND**  
Including Provision for the Other Party to Consent

**USE A SEPARATE FORM FOR EACH MARRIAGE TO BE REVIEWED**  
(Revised 2024)

Protocol No. \_\_\_\_\_

**(Type or print with black ink)**

**I. PERSONAL DATA FOR PETITIONER:**

a. **Full Name:** \_\_\_\_\_  
 (Maiden name, if a woman): \_\_\_\_\_ Language: \_\_\_\_\_

b. Present Address: \_\_\_\_\_  
 City/State/County/Zip: \_\_\_\_\_ Phone #1 \_\_\_\_\_  
 email: \_\_\_\_\_ Phone #2 \_\_\_\_\_

c. How long have you lived in the Diocese of Dallas? \_\_\_\_\_  
 How long do you intend to remain in the Diocese of Dallas? \_\_\_\_\_

d. **Date & Place of Birth:** \_\_\_\_\_

e. Religion and Rite at time of marriage with Respondent: \_\_\_\_\_

f. Present Religion & Rite: \_\_\_\_\_

g. **All Baptisms:**  
 Date: \_\_\_\_\_ Place/Church: \_\_\_\_\_

h. **LIST CHRONOLOGICALLY ALL MARRIAGES (civil or religious/church) CONTRACTED BY YOU INCLUDING YOUR PRESENT MARRIAGE, IF ANY: "If you have more than four marriages, please use additional paper."**

Name of Partner	Marriage Date	Place of Marriage (city, state, county)	Who Officiated? (i.e., priest, minister, civil official, etc.)
1			
2			
3			
4			

**DATE AND PLACE OF ALL CIVIL DIVORCES AND/OR DEATHS:**

Name of Partner	Final Separation Date	Divorce Date	Place of Divorce (city, state, county)
1			
2			
3			
4			

i. Name of  Present  Intended Spouse or  None:  
 (Include Maiden name if a woman)

Baptized  Non-Baptized Religion: \_\_\_\_\_

Has s/he ever been married before?  Yes  No **If yes**, by: civil  religious  common-law

Was this marriage resolved?  Yes  No **If yes**, by: Death  Nullity  Absence of Canonical Form  Diocese \_\_\_\_\_

j. Is it your intent to become Catholic?  Yes  No  Not sure Are you enrolled in RCIA?  Yes  No  Not Yet

**II. PERSONAL DATA FOR RESPONDENT: (CHURCH LAW REQUIRES that the other party be contacted by the Tribunal)**

a. **Present Name (former spouse):** \_\_\_\_\_  
 (Maiden name, if a woman): \_\_\_\_\_ Language: \_\_\_\_\_

b. **If the current address is unknown, where can the Respondent be contacted? If you cannot obtain an address, provide a complete explanation plus all documentation of your efforts to obtain one. Without this information, the case cannot proceed.**

Present Address: \_\_\_\_\_  
 City/State/County/Zip: \_\_\_\_\_ Phone #1 \_\_\_\_\_  
 email: \_\_\_\_\_ Phone #2 \_\_\_\_\_

c. **Date & Place of Birth:** \_\_\_\_\_

d. Religion and Rite at time of marriage with Petitioner: \_\_\_\_\_

e. Present Religion & Rite: \_\_\_\_\_

f. **All Baptisms:**  
 Date: \_\_\_\_\_ Place/Church: \_\_\_\_\_  
 \_\_\_\_\_

**g. LIST CHRONOLOGICALLY ALL MARRIAGES (civil or church) CONTRACTED BY THE RESPONDENT**

Name of Partner	Marriage Date	Place of Marriage (city, state, county)	Who Officiated? (i.e., priest, minister, civil official, etc.)
1			
2			
3			
4			

**DATE AND PLACE OF ALL CIVIL DIVORCES AND/OR DEATHS:**

Name of Partner	Final Separation Date	Divorce Date	Place of Divorce (city, state, county)
1			
2			
3			
4			

h. **How did your former spouse react when you contacted him/her about this process?**

**\*\*\* DO NOT FILL OUT THE WITNESS SECTION FOR AN ABSENCE OF CANONICAL FORM CASE \*\*\***

**III. LIST WITNESSES WHO CAN VERIFY FACTS AND CIRCUMSTANCES FOR MARRIAGE WITH RESPONDENT:**  
 CHURCH LAW REQUIRES that this investigation be proved not only by the declarations of the parties to the marriage but also by the testimonies of reliable witnesses. List persons who have knowledge of your courtship, decision to wed, engagement, wedding, and early period of the marriage and who will provide us with information. Your parents (and/or stepparents, if any) and those of your former spouse are contacted. List at least four other family members and/or friends. Enlist the cooperation of witnesses before providing their names to the Tribunal. Witnesses are directly contacted by the Tribunal. They are to return their written testimony to the Tribunal rather than through you. Witnesses should keep a copy of their testimony in case the original is lost in the mail.

Petitioner's father: \_\_\_\_\_ email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Religion/ Rite: \_\_\_\_\_  
 Language: \_\_\_\_\_

Petitioner's mother: \_\_\_\_\_ email: \_\_\_\_\_  
 (present & maiden)  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Religion/ Rite: \_\_\_\_\_  
 Language: \_\_\_\_\_

Petitioner's stepfather: \_\_\_\_\_ email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Language: \_\_\_\_\_

Petitioner's stepmother: \_\_\_\_\_ email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Language: \_\_\_\_\_

Respondent's father: _____ Address: _____ City, State, Zip: _____	email: _____	Telephone: _____ Religion/ Rite _____ Language: _____
Respondent's mother: (present & maiden) _____ Address: _____ City, State, Zip: _____	email: _____	Telephone: _____ Religion/ Rite _____ Language: _____
Respondent's stepfather: Address: _____ City, State, Zip: _____	email: _____	Telephone: _____ Language: _____
Respondent's stepmother Address: _____ City, State, Zip: _____	email: _____	Telephone: _____ Language: _____

**At least FOUR ADDITIONAL WITNESSES are required – they will be offering their testimony in writing via a Witness Questionnaire.**

**Please note: An Expert Release must be signed by each party who met with the Expert if a medical, psychological, or religious advisor is proposed as a witness.**

Name: _____ Address: _____ City, State, Zip: _____ Year Met You: _____	email: _____	Telephone: _____ Relationship: _____ Language: _____ Year Met Former Spouse: _____
Name: _____ Address: _____ City, State, Zip: _____ Year Met You: _____	email: _____	Telephone: _____ Relationship: _____ Language: _____ Year Met Former Spouse: _____
Name: _____ Address: _____ City, State, Zip: _____ Year Met You: _____	email: _____	Telephone: _____ Relationship: _____ Language: _____ Year Met Former Spouse: _____
Name: _____ Address: _____ City, State, Zip: _____ Year Met You: _____	email: _____	Telephone: _____ Relationship: _____ Language: _____ Year Met Former Spouse: _____

**Did all of your witnesses including those of your former spouse agree to testify?    Yes    No, please explain:**

**PETITIONER'S AGREEMENT**

**Note: Any reference to child or elder abuse will be reported by this Tribunal as required by law.**

I, the Petitioner, respectfully request that the Tribunal of the Diocese of Dallas investigate my marriage with

\_\_\_\_\_

as to its possible invalidity or nullity, for I allege the marriage is or might be invalid or null. I understand my former spouse will be contacted and given an opportunity to answer this petition and allegation.

After the investigation has been made, I request that there be, if possible under the canon law of the Roman Catholic Church, a final judgment declaring the marriage invalid and establishing my freedom to marry in the Catholic Church.

As evidence to support this petition, I offer: my own declaration; the names and addresses of potential witnesses; any documents which may be pertinent; and other proofs which may reveal the facts concerning the marriage under investigation. I understand all documents submitted to the Tribunal by me or anyone else will become the property of the Dallas Tribunal and be preserved according to Church law. I understand my former spouse and I will be able to review, in the Tribunal offices, the case file, including each other's declaration(s) and all other unrestricted materials.

My domicile (place of residence) and that of the Respondent are correctly noted on this petition.

I agree that the present case sponsor, \_\_\_\_\_, whose signature appears below, can serve as my (volunteer) Procurator-Advocate and perform in my name all that may be necessary in my interests, including renunciation of the case. I understand that, at any time, a different Procurator-Advocate may be assigned to me by the Tribunal. I may freely appoint a Procurator and/or Advocate of my own choice, as long as that person is a canon lawyer (JCL or JCD degree) who can be admitted before the Tribunal. \_\_\_\_\_[initials]

**I recognize the Tribunal cannot give any assurances regarding the outcome of this case, nor estimate or guarantee a time-frame for the completion of this case.** \_\_\_\_\_[initials]

I acknowledge I cannot set a date for any marriage, including a convalidation, until I have received final notice that I am free to marry and that any stipulations placed by the Tribunal have been fulfilled. \_\_\_\_\_[initials]

I also understand and agree that no priest, deacon, or lay minister may provide me with **even a tentative date** for a future wedding in the Catholic Church until this process shall have been completed. \_\_\_\_\_[initials]

I understand and agree that these proceedings are part and parcel of the free exercise of religious liberty of the Catholic Church and governed solely by its canonical precepts. \_\_\_\_\_[initials]

I understand I may receive future correspondence from the Tribunal via e-mail rather than US Mail. I agree to notify the Tribunal of any changes in my contact information. \_\_\_\_\_[initials]

I understand that the process of the trial may involve an in-person recorded deposition with a Tribunal Judge or Auditor and the taking of an oath in order to give my personal statement(s). \_\_\_\_\_[initials]

By virtue of this statement, I authorize and release the Tribunal of the Diocese of Dallas to send my complete case file to an Expert Witness (a mental health professional) for review and to interview me, and/or to conduct testing, as determined by the Expert Witness. I understand the Expert will provide the Tribunal of the Diocese of Dallas with the results of the interview and/or testing, including an evaluation and actual test results, to assist the officials of the Dallas Tribunal and any Appellate Court in rendering a decision on my Petition. These results will become a part of the case file and the property of the Dallas Tribunal to be preserved according to Church law. \_\_\_\_\_[initials]

I understand that in accord with applicable professional standards, reports from mental health professionals are always withheld from the Petitioner and the Respondent. For serious reasons (such as the avoidance of physical danger or public scandal), witnesses may ask that their testimony be withheld from the Petitioner and/or the Respondent. The decision whether to withhold any testimony, however, belongs solely to the Judge acting in accord with the requirements of canon law. \_\_\_\_\_[initials]

I understand that counseling or therapy may be mandated or other steps required before permission will be given for a marriage in the Catholic Church and that some information and materials from my file may be given to the clergy or layperson counseling and/or preparing me (or my former spouse) for marriage in the Church. \_\_\_\_\_[initials]

I understand that because the time-frame of the process or its outcome cannot be guaranteed, **status updates generally are not given by the Tribunal.** The Tribunal staff is available to answer general questions regarding canon law but not specific questions regarding each case and its status. \_\_\_\_\_[initials]

I accept that each case can be discussed only with the Petitioner or the Respondent, or their respective Procurator-Advocates, and not with any family members or current spouses. \_\_\_\_\_[initials]

By means of this document, I promise that I will institute no litigation before any civil jurisdiction for any reason related to the substance or process of the matrimonial nullity case and trial, since this matter pertains solely to the governance of the Catholic Church and is within the exclusive jurisdiction of the Tribunal. \_\_\_\_\_[initials]

I understand that the Tribunal is subsidized by parish assessments, AND THAT A DECISION IN A MARRIAGE NULLITY CASE IS NEVER CONTINGENT UPON THE PAYMENT OF ANY AMOUNT OF MONEY, but I may need to pay the fees for:

- A Document or People Search Service when such services are required, or online search fees/subscriptions.
  - The agreed upon fee to the Expert Witness for psychological evaluation(s), possibly including testing, for the Petitioner and/or Respondent.
  - Any fee for an appeal either to the Appellate Court for the Diocese of Dallas or to the Roman Rota.
  - The agreed upon fee to the Marriage Readiness Assessor prior to any new marriage in the Church, if required.
- \_\_\_\_\_ [initials]

Civil/moral obligations from my prior marriage must be met before I may be able marry in the Catholic Church. \_\_\_\_\_[initials]

**I hereby affirm under oath that the facts supplied are true and correct and affix my signature to this Petition.**

\_\_\_\_\_  
(Signature of Petitioner)

Subscribed before me at [Parish name – print:]

(Parish Seal)

on \_\_\_\_\_

\_\_\_\_\_  
(**Print** name of priest, deacon, or lay case sponsor)

\_\_\_\_\_  
(Signature of priest, deacon, or lay case sponsor)

**I, the case sponsor, agree to be appointed as Procurator-Advocate for the Petitioner.**

\_\_\_\_\_

This agreement, questionnaires, and other related documents also are signed when a party's signature is delivered by facsimile, email, or other electronic medium. These signatures must be treated in all respects as having the same force and effect as original signatures.

**RESPONDENT’S AGREEMENT**  
**(Only send to Respondent if he/she has agreed to participate)**

I, \_\_\_\_\_, the Respondent, consent to this Petition for Investigation of a Marriage Bond and am including for submission herein my own declaration, names and addresses of potential witnesses, and any documents or other proofs that may be pertinent. In addition, I have read the above-referenced Agreement signed by the Petitioner,

\_\_\_\_\_

and, as evidenced by my signature, join in this Agreement.

\_\_\_\_\_  
(Signature of Respondent)

Subscribed before me at **[Parish name – print]** \_\_\_\_\_

(Parish Seal)

on \_\_\_\_\_

\_\_\_\_\_  
**(Print** name of priest, deacon, or lay case sponsor)

\_\_\_\_\_  
(Signature of priest, deacon, or lay case sponsor)

**I agree to be appointed as Procurator-Advocate for the Respondent.**

This agreement, questionnaires, and other related documents also are signed when a party’s signature is delivered by facsimile, email, or other electronic medium. These signatures must be treated in all respects as having the same force and effect as original signatures.