

# CATHOLIC MARRIAGE TRIBUNAL

## KINGSTON OFFICE

390 Palace Road  
Kingston, Ontario, Canada K7L 4T3  
(613) 548-4461 (fax) 548-1228

### TO THOSE SEEKING A DECLARATION OF NULLITY CONCERNING MARRIAGE

In the process of requesting a Declaration of Nullity from the Catholic Church you are alleging that your marriage to another person suffered from some defect which was severe enough to make it not a true marriage in the eyes of Church Law. To establish the facts concerning this union, certain documents, your own statements, and the observations of others must be submitted for examination. They are reviewed by those who have been commissioned by the Church to determine if an essential element was or was not missing, that is, if a marriage was invalid or not.

This packet is designed to help you begin the process and contains the materials and directives necessary to initiate the study of your marriage. To better comprehend the workings of the Marriage Tribunal, please refer to *Frequently-asked questions about Marriage, Separation and Divorce*, on the Archdiocesan web page: [www.romancatholic.kingston.on.ca](http://www.romancatholic.kingston.on.ca)

Once you are satisfied that you have at least a basic understanding of the process, please complete **fully** the enclosed *PRELIMINARY APPLICATION*. The completed form may be sent directly to the Catholic Marriage Tribunal or it may be taken to your pastor or to another priest/deacon/pastoral minister in your area who can help you and who will complete the Referral Page in the record and send the entire document to the Marriage Tribunal on your behalf. Once this office has received your *PRELIMINARY APPLICATION*, you will be contacted to arrange a personal interview. At that time, your request that your marriage be declared null will be discussed and a representative of the Marriage Tribunal will take a record of your statement of facts concerning the marriage you believe may be invalid.

Coming to a full and true understanding of the marriage you believe may have been invalid needs considerable input and cooperation from you. Remembering and giving information about a broken relationship often involves some pain on the part of the one approaching the Tribunal. Please be assured that the people involved in the Marriage Tribunal understand this and are committed to giving fair, thorough and confidential examination of the information submitted to them, in as short a time as proper study will allow. To initiate the process please ensure that all information requested is included in the *PRELIMINARY APPLICATION* submitted the Tribunal. Completed *PRELIMINARY APPLICATIONS* are processed daily and an original signature is required when submitting to the Office.

**Please remember that a marriage is presumed valid until proven and declared otherwise. No plans or dates concerning the possibility of marriage with another person would be appropriate. These could not be considered until the status of the marriage under investigation was determined.**

If there are any additional questions or difficulties, do not hesitate to contact our Office to arrange an appointment. Once again, your local parish priest(s) may be able to assist you in the preparation of these documents, as well as offering support through this time of transition and uncertainty.

We hope this process helps you find peace of mind and hope for the future.

REVISED 2016



**CATHOLIC MARRIAGE TRIBUNAL  
KINGSTON BRANCH OFFICE**

390 Palace Road, Kingston, Ontario, Canada K7L 4T3  
(613) 548-4461 (fax) 548-1228  
email tribunal@romancatholic.kingston.on.ca

**PRELIMINARY APPLICATION**

<i>For office use only:</i>		
Prot. N.		Date Received
<i>Processus</i>	Brevis <input type="checkbox"/>	Documento <input type="checkbox"/>
		Tralaticius <input type="checkbox"/>
<b>YOURSELF</b>		<b>YOUR EX-SPOUSE</b>
	Present Name	
	Birth (Maiden) Name	
	Apartment and Street Number	
	City and Province	
	Postal Code	
	Home Phone	
	Work/Cell Phone	
	Email	
	Occupation	
	Date of Birth	
	Place of Birth	
	Present Religion	
	Previous Religion	
	Date of Baptism	
	Parish of Baptism and Denomination	
	Church Address	
	Father's Name	
	Mother's Maiden Name	
	Present Names of Parents	
	Address of Parents	
	Telephone of Parents	

*For office use only*

**Information about the courtship**

Date (approximate) when you and your ex-spouse met:

Date (approximate) when you and your ex-spouse began dating:

Date (approximate) when you and your ex-spouse became engaged:

**Information about the wedding**

Date of Marriage:

Place of Marriage: *(name, address, and denomination of church or other location)*

Was this the first marriage for both of you? *(if not, give the names, dates, and places of other marriages)*

**Were there any children resulting from this relationship?**

Full Name

Date of Birth or Adoption

**Date of final separation:**

**Effective date and place of civil divorce** *(attach copy)*

Effective Date:

Place:

Is your ex-spouse also petitioning? If yes, sign at bottom:

Signature of Applicant:

Date:

Signature of Co-Applicant:

Date:

## MARITAL HISTORY

1. What do you see as the fundamental problem(s) in your marriage?


### A. FAMILY HISTORY

2. Were there problems in your family background? *(check all and briefly explain)*

No problems	<input type="checkbox"/>	
Sexual abuse	<input type="checkbox"/>	
Physical abuse	<input type="checkbox"/>	
Infidelity	<input type="checkbox"/>	
Alcoholism/drug use	<input type="checkbox"/>	
Mental illness	<input type="checkbox"/>	
Divorce/separation	<input type="checkbox"/>	
Financial problems	<input type="checkbox"/>	
Other problems: <i>(please explain)</i>		

3. Were there problems in your ex-spouse's family background? *(check all and briefly explain)*

No problems	<input type="checkbox"/>	
Sexual abuse	<input type="checkbox"/>	
Physical abuse	<input type="checkbox"/>	
Infidelity	<input type="checkbox"/>	
Alcoholism/drug use	<input type="checkbox"/>	
Mental illness	<input type="checkbox"/>	
Divorce/separation	<input type="checkbox"/>	
Financial problems	<input type="checkbox"/>	
Other problems: <i>(please explain)</i>		

4. Describe your personal life before marriage? *(briefly answer each)*

Education completed:	
Work history:	
Substance abuse issues	
Mental illness:	
Serious financial issues;	
Health issues:	
Other problems: <i>(please explain)</i>	

5. Describe your ex-spouse's personal life before marriage? ( <i>briefly answer each</i> )	
Education completed:	
Work history:	
Substance abuse issues	
Mental illness:	
Serious financial issues;	
Health issues:	
Other problems: ( <i>please explain</i> )	

6. What is your and your ex-spouse's previous relationship history? ( <i>answer briefly</i> )		
	You	Your Ex-Spouse
Did you or your ex-spouse have previous serious dating experiences? ( <i>briefly explain</i> )		
Were you or your ex-spouse ever in a previous engagement? If yes, what was the reason for termination?		

**B. COURTSHIP**

7. Were there any problems, breakups, or infidelity in the courtship with your ex-spouse? ( <i>explain</i> )	

**C. ENGAGEMENT**

8. Why did you and your spouse decide to get married? (check all and briefly explain)		
Love	<input type="checkbox"/>	
Immigration	<input type="checkbox"/>	
Already living together	<input type="checkbox"/>	
Legitimize children	<input type="checkbox"/>	
Avoid premarital sex	<input type="checkbox"/>	
Fear	<input type="checkbox"/>	
Culturally arranged marriage	<input type="checkbox"/>	
Have a family	<input type="checkbox"/>	
Age	<input type="checkbox"/>	
Financial reasons (ex. tax purposes)	<input type="checkbox"/>	
Pregnancy	<input type="checkbox"/>	
Force	<input type="checkbox"/>	
Family pressure	<input type="checkbox"/>	
Only way to leave home	<input type="checkbox"/>	
Other reasons: (please explain)	<input type="checkbox"/>	
	<input type="checkbox"/>	

9. Were there external pressures to marry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, explain briefly:</i>		

10. Did either of you have doubts about the decision to marry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, explain briefly:</i>		

11. Did anyone advise against the marriage (ex. Family, friends)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, explain briefly:</i>		

12. At the time of marriage, what did you think about Church teaching about marriage?	
<i>You:</i>	<i>Your ex-spouse:</i>

13. At the time of marriage, were you both practicing Catholics? ( <i>briefly explain</i> )	
<i>You:</i>	<i>Your ex-spouse:</i>

14. Was there a pre-marital sexual relationship? ( <i>if yes, continue</i> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was contraception used? ( <i>if yes, continue</i> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Who was responsible for contraception?		
What form of contraception was used?		
Was there a pregnancy? ( <i>if yes, continue</i> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was this with your ex-spouse or a third party?		
Was this pregnancy terminated?		
If yes, who decided to terminate the pregnancy?		

15. Did either of you surgically prevent contraception prior to marriage (e.g. vasectomy)? ( <i>if yes, continue</i> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Who and what procedure?		
Whose decision was this (ex. Yours, mutual, ex-spouse)?		

**D. MARRIAGE**

16. Age at time of marriage:	Yourself:		Your ex-spouse:	
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17. Was there more than one marriage ceremony (civil, non-Christian, etc.)? <i>(if yes, continue</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. What was the non-Catholic ceremony?		
b. Which one occurred first?		
c. At which point did you consider yourself married?		
d. At which point did your spouse consider him/herself married?		
e. Why did you have the non-Catholic ceremony (e.g. family pressures, etc?)		
f. Why did you have the Catholic ceremony (e.g. family pressures, etc?)		

18. At the time of marriage did you: <i>(answer each. If no, explain briefly)</i>		
a. Believe marriage was an exclusive relationship between one man and one woman?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Believe that if you divorced you could not marry a second time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Remain open to children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

19. At the time of marriage did your ex-spouse: <i>(answer each. If no, explain briefly)</i>		
a. Believe marriage was an exclusive relationship between one man and one woman?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Believe that if you divorced he/she could not marry a second time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Remain open to children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

20. Did you and your ex-spouse plan to delay children? <i>(If yes, continue)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. Was this a mutual decision?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, whose decision was this?		
b. What method was used to delay children (e.g. natural family planning, artificial contraception, abortion)?		
c. If your spouse changed his/her mind and wanted children, would you consider it your sole decision whether to delay?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. If you changed your mind and wanted children, would he/she consider it his/her sole decision whether to delay?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

21. Did you or your ex-spouse knowingly deceive the other regarding: <i>(check all and briefly explain)</i>	
Known inability to conceive children	
Previous children	
Education level	
Debts	
Serious contagious disease	
Age	
Income	
Mental Illness:	
Other:	

22. When did marital problems start? <i>(approximate date)</i>	
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23. What were these problems?

24. During the marriage did either of you, either separately or together, see: <i>(if yes, append name and contact information)</i>	You	Ex-Spouse
a. Psychologist	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Psychiatrist	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Marital counsellor	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Personal counsellor	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Priest or pastoral minister for marriage counselling	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
f. Other type of counsellor/advisor:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

25. Were there temporary separations? <i>(if yes, continue)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please provide approximate dates, length of time, reason for separation, and who initiated reconciliation:		

26. Length of common life: <i>(time from marriage to final separation)</i>	Years	Months
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27. Date of final separation: <i>(approximate date)</i>
28. Who left and why?

Please note: if your ex-spouse is also applying, he/she is to also complete questions 1-28 on a separate copy.

(\*PREVIOUS MARRIAGES: If either of you had ever been married prior to this marriage, on a separate sheet of paper please give all of the same information asked to this point regarding each of these previous marriages.)



**PRESENT SITUATION**

Are you dating someone now? \_\_\_\_\_ For how long? \_\_\_\_\_

Are you living together? \_\_\_\_\_ For how long? \_\_\_\_\_

Have you married this person civilly or in another church? \_\_\_\_\_

If married, where was the ceremony? \_\_\_\_\_ When? \_\_\_\_\_

**THIRD PARTY** (the person you have referred to above)

Name of the third party: \_\_\_\_\_

His/her address & telephone: \_\_\_\_\_

His/her Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Is this person baptized? \_\_\_\_\_ What Denomination? \_\_\_\_\_

Has this person ever been married before? \_\_\_\_\_ How many times? \_\_\_\_\_

Presently, is this person now: Widowed? \_\_\_\_ Separated? \_\_\_\_ Divorced? \_\_\_\_ Married to you? \_\_\_\_

Is this person currently enrolled in the RCIA Programme? Yes \_\_\_\_ No \_\_\_\_ Where? \_\_\_\_\_

Has this person received a Declaration of Nullity regarding any previous marriage(s)? \_\_\_\_\_

Do you have children by this person? \_\_\_\_\_ How many? \_\_\_\_\_

Their Names and Dates of Birth: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you in any other marriage **between** the time of the marriage being examined by the Marriage Tribunal and the time of your present relationship or marriage to the person mentioned above? \_\_\_\_\_

## PROPOSED WITNESS LIST

*AT LEAST TWO WITNESSES MUST BE PROVIDED.*

**Witness 1:**

Name:	Address:
City:	Postal Code:
Phone number:	Email:
This witness has information regarding: <i>(check all that apply)</i>	
My childhood <input type="checkbox"/> My ex-spouse's childhood <input type="checkbox"/> Courtship <input type="checkbox"/> Married life <input type="checkbox"/> Marital problems <input type="checkbox"/>	
How does this person know you/know your ex-spouse?	
Why do you think he/she would be a good witness?	
Translator required? Yes <input type="checkbox"/> No <input type="checkbox"/> Language for translator:	

**Witness 2:**

Name:	Address:
City:	Postal Code:
Phone number:	Email:
This witness has information regarding: <i>(check all that apply)</i>	
My childhood <input type="checkbox"/> My ex-spouse's childhood <input type="checkbox"/> Courtship <input type="checkbox"/> Married life <input type="checkbox"/> Marital problems <input type="checkbox"/>	
How does this person know you/know your ex-spouse?	
Why do you think he/she would be a good witness?	
Translator required? Yes <input type="checkbox"/> No <input type="checkbox"/> Language for translator:	

**Witness 3:**

Name:	Address:
City:	Postal Code:
Phone number:	Email:
This witness has information regarding: <i>(check all that apply)</i>	
My childhood <input type="checkbox"/> My ex-spouse's childhood <input type="checkbox"/> Courtship <input type="checkbox"/> Married life <input type="checkbox"/> Marital problems <input type="checkbox"/>	
How does this person know you/know your ex-spouse?	
Why do you think he/she would be a good witness?	
Translator required? Yes <input type="checkbox"/> No <input type="checkbox"/> Language for translator:	

*Please note: if your ex-spouse is also applying, he/she must agree to the proposed witness list and sign below:*

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**(if applicable: signature of co-applicant)**

**(date)**

### AGREEMENT

Applicant	<i>By my initials below, I acknowledge that I understand and agree to the following:</i>	Co-Applicant
Initials	I understand that this process is only aimed at clarifying my state of life (married or unmarried) in the Catholic Church;	Initials
Initials	I understand that the possible acceptance of my petition by the tribunal in no way guarantees that I will be granted a declaration of matrimonial nullity;	Initials
Initials	I understand that <b>no</b> special consideration can be given to expedite any request except in the case of terminal illness of the petitioner(s) and/or respondent, and that my application will be processed in the order in which it was received;	Initials
Initials	I understand the decision to use the shorter process, documentary process, or full process is solely the decision of the tribunal and there are no guaranteed timelines;	Initials
Initials	I understand that this process has absolutely no civil legal effects;	Initials
Initials	I understand that this process does not impact the legitimacy of any children born of the marriage, nor does it affect any divorce settlements or issues pertaining to custody;	Initials
Initials	I understand that anything submitted to the marriage tribunal is strictly confidential, and that the tribunal staff will not enter into correspondence or discussion of my case with any other party, including family members, proposed future spouses, or pastoral workers;	Initials
Initials	I understand that my ex-spouse has the right to be involved in this process, argue for validity of the marriage, and propose other grounds of invalidity, although he/she are under no obligation to do so;	Initials
Initials	I understand that my ex-spouse has the right to read anything that I submit to the marriage tribunal as well as anything submitted by my witnesses;	Initials
Initials	I understand that I have the right to read anything my ex-spouse submits to the marriage tribunal as well as anything submitted by their witnesses, should he/she choose to participate;	Initials
Initials	I understand that it is my responsibility to ensure the cooperation of my witnesses in this process and that their non-cooperation can cause delays in my case;	Initials
Initials	I understand that I do not have the right to contract a Catholic marriage, nor am I to set a date for a future marriage until I receive the final decree, nor will I hold the tribunal liable for any delays or negative decisions;	Initials
Initials	I understand that I, my ex-spouse, and the defender of the bond have the right to appeal a final decision of the tribunal and this could delay or prevent a future marriage from occurring;	Initials
Initials	I understand that even if my marriage is found to be null, a prohibition for remarriage can be placed upon me or my ex-spouse which would prevent a future marriage until certain conditions are fulfilled;	Initials
Initials	I understand that failing to respond to the tribunal for a period of two months could result in my case being closed and archived (abatement);	Initials
Initials	I understand that it is my responsibility to inform the tribunal of any changes to my contact information during the process.	Initials

**In addition, I affirm all information contained in this application is accurate and complete.**

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**(signature of applicant)**

**(date)**

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**(if applicable: signature of co-applicant)**

**(date)**

## REFERRAL

<b><i>This page to be completed by a priest or pastoral minister who provides any information that may be helpful.</i></b>	
Name:	
Address:	
Assignment:	
How long have you known the petitioner:	
How long have you known the respondent (co-petitioner):	
Your assessment of the petitioner's truthfulness:	
Your assessment of the respondent's (or co-petitioner's) truthfulness:	
<i>(If no co-petitioner)</i> If known, what is your estimation of the respondent's opposition to nullity?	
What can you tell us of their marital problems?	

Date:	Signature of minister:
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**PLEASE RETURN ALL DOCUMENTS TOGETHER!**