



Prot No: _____

CC: _____

Type: _____

CHECK HERE IF YOU BELIEVE THIS MEETS THE QUALIFICATIONS FOR THE ABBREVIATED PROCESS

PRELIMINARY QUESTIONNAIRE FOR DECLARATION OF NULLITY

PURPOSE: Your responses to this questionnaire will enable the Metropolitan Tribunal to determine what type of marriage nullity process may be applicable to your previous marriage.

INSTRUCTIONS: In completing this Preliminary Questionnaire, you are the "Petitioner" and your former spouse is the "Respondent". Please fill out this form as completely as possible. If the question does not apply to your particular situation, please enter N/A (no applicable) on the space provided. **YOU MUST SUBMIT A SEPARATE PRELIMINARY QUESTIONNAIRE FOR EACH PROIR MARRIAGE WHICH REQUIRES TRIBUNAL CONSIDERATION.**

PLEASE PRINT LEGIBLY USING INK PEN OR TYPEWRITER (NO PENCIL)

A. PETITIONER INFORMATION

Circle One: Mr. Mrs. Ms. Dr.

Full Name: _____ Birth Date: _____

Maiden Name: _____ Telephone: _____ Home: _____

Address : _____ Work: _____

_____ Zip: _____ Cell: _____

1. Have you ever been baptized, christened or sprinkled in any religion? Yes No I don't know

2. If "yes", please enter the following information:

Name of Church: _____ Date: _____

City: _____ State: _____

Religions Affiliation: _____

3. If not originally Catholic, are you considering entering the Catholic Church? Yes No

4. If not originally Catholic, have you ever mad a "Profession of Faith" in the Catholic Church? Yes No

If "yes", please give the following information:

Name of Church: _____ Date: _____

City: _____ State: _____

Religions Affiliation: _____

5. If not baptized, are you presently considering conversion to Christianity? Yes No

6. Are you presently contemplating an upcoming marriage in the Catholic Church? Yes No

B. RESPONDENT INFORMATION

IMPORTANT: An address for the Respondent must be given. If no address is provided, a letter of explanation detailing all reasonable efforts made to secure the address must be submitted with the Preliminary Questionnaire. We cannot proceed without one of these two items.

Circle One: Mr. Mrs. Ms. Dr.

Full Name: _____ Birth Date: _____

Maiden Name: _____ Telephone: _____ Home: _____

Address : _____ Work: _____

_____ Zip: _____ Cell: _____

1. Was the Respondent ever baptized, christened or sprinkled in any religion? Yes No I don't know

2. If "yes", please enter the following information:

Name of Church: _____ Date: _____

City: _____ State: _____

Religions Affiliation: _____

3. If the Respondent was not originally Catholic, is he/she considering entering the Catholic Church ?

Yes No

3. If the Respondent was not originally Catholic, has he/she you ever made a "Profession of Faith" in the Catholic Church?

Yes No I don't know

If "yes", please give the following information:

Name of Church: _____ Date: _____

City: _____ State: _____

Religions Affiliation: _____

5. Do you expect the Respondent to cooperate in these proceedings? Yes No I don't know

6. Has the Respondent remarried, either civilly or in some other religious denomination, since your civil dissolution?

Yes No I don't know

C. MARRIAGE INFORMATION

1. When and where did the marriage to the Respondent take place?

Place : _____ Date: _____

City : _____ State: _____

Officiant Name & Title: _____

Common law? Yes No

C. MARRIAGE INFORMATION (cont.)

2. If this marriage was celebrated with a non-Catholic ceremony, did the Catholic Church grant permission or a dispensation to allow this?
 Yes No

3. If "yes", please give the following information:
 Place : _____ Date: _____
 City : _____ State: _____
 Officiant Name & Title: _____

4. How many children were born during this marriage? _____ Who has custody? _____

5. How long did you live together as husband and wife, that is, how long were you married before the final separation?
 _____ years and _____ months.

6. How long was it between the final separation and the divorce decree? _____ years and _____ months.

7. How did this marriage end (i.e. civil dissolution or civil annulment)? _____ Date: _____

8. To your knowledge, did you or the Respondent ever file for a Catholic declaration of nullity? Yes No

9. If "yes", please give the following information:
 Case Name : _____ Date: _____
 Case Number: _____ Diocese: _____

D. MARITAL HISTORIES

1. Including your marriage to the Respondent, how many times have you, the Petitioner, been married?
 1 2 3 4 More than four

Please provide the following information about each of your *other* marriages. Use additional paper, if necessary. **NOTE: IF ANY OF YOUR FORMER SPOUSES ARE STILL LIVING AND THE CATHOLIC CHURCH HAS NOT DECLARED THAT MARRIAGE TO BE INVALID, YOU WILL NEED TO SUBMIT A PRELIMINARY QUESTIONNAIRE FOR THAT MARRIAGE.**

Name of Spouse	Date of Marriage	Place of Marriage (Church, Courthouse, other)	City, State
Officiant Name & Title	Date Marriage Ended	Date of Ecclesiastical Annulment	

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Name of Spouse	Date of Marriage	Place of Marriage (Church, Courthouse, other)	City, State
Officiant Name & Title	Date Marriage Ended	Date of Ecclesiastical Annulment	

D. MARITAL HISTORIES (cont.)

1. Including the Respondent's marriage to you, how many times has he or she been married?

1 2 3 4 More than four

Please provide the following information about each of the Respondent's *other* marriages, if known.

Name of Spouse Date of Marriage Place of Marriage (Church, Courthouse, other) City, State

Officiant Name & Title Date Marriage Ended Date of Ecclesiastical Annulment

Name of Spouse Date of Marriage Place of Marriage (Church, Courthouse, other) City, State

Officiant Name & Title Date Marriage Ended Date of Ecclesiastical Annulment

Name of Spouse Date of Marriage Place of Marriage (Church, Courthouse, other) City, State

Officiant Name & Title Date Marriage Ended Date of Ecclesiastical Annulment

E. ADDITIONAL INFORMATION

1. Please be aware that if you are presently in a civil marriage or intending to marry someone (even a non-Catholic) who has been previously married, he or she will need a declaration of nullity for each marriage in which his or her spouse is still living.

Indicate below if you have an intended or present spouse who needs to submit a Preliminary Questionnaire for a declaration of nullity. Use extra paper, if needed.

(Maiden) Name of Your Intended/Present Spouse vs. _____
(Maiden) Name of Your Intended/Present Spouse's Former Spouse

2. **Please name the priest or deacon assisting you in this process:**

Priest or Deacon: _____

Parish: _____

Address: _____

SUBMISSION INFORMATION

I have completed this questionnaire and am submitting it to: Metropolitan Tribunal
1300 South Steele Street
Denver, CO 80210

I understand that the Tribunal will determine what type of case I have and will forward to me the appropriate information to begin the process. I intend to cooperate fully with the Tribunal and its officials.

In addition, I have enclosed a check or money order in the amount of \$25.00 per Preliminary Questionnaire. I understand this is a NON-REFUNDABLE FILING FEE FOR EACH APPLICATION I have submitted. I have made the check ore money order PAYABLE TO THE METROPOLITAN TRIBUNAL OF THE ARCHDIOCESE OF DENVER.

Signature of the Petitioner

Date Submitted

PLEASE NOTE: PLEASE MAKE A COPY OF THIS DOCUMENT FOR YOUR OWN RECORDS