



**DIOCESE OF RAPID CITY**  
 2101 CITY SPRINGS RD STE 200  
 RAPID CITY · SOUTH DAKOTA 57702-9617  
 (605) 716-5214 · FAX (605) 348-7985

TRIBUNAL OFFICE  
 (Updated May 2016)

Case Name \_\_\_\_\_  
 Prot. No. \_\_\_\_\_

**FORMAL PETITION FOR AN INVALIDITY STUDY**

**THE PETITIONER**

**THE RESPONDENT**

\_\_\_\_\_  
 Maiden Name (First, Middle, Last)

\_\_\_\_\_  
 Maiden Name (First, Middle, Last)

\_\_\_\_\_  
 Current Name

\_\_\_\_\_  
 Current Name

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City State/Zip Code

\_\_\_\_\_  
 City State/Zip Code

( ) ( )  
 Phone: Home Cell/Work

( ) ( )  
 Phone: Home Cell/Work

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Birth: Date City/State

\_\_\_\_\_  
 Birth: Date City/State

\_\_\_\_\_  
 Baptism: Date Religion

\_\_\_\_\_  
 Baptism: Date Religion

\_\_\_\_\_  
 Name of Church City/State

\_\_\_\_\_  
 Name of Church City/State

\_\_\_\_\_  
 Current Church Affiliation

\_\_\_\_\_  
 Current Church Affiliation

Courtship: \_\_\_\_\_  
 How long?

Engagement: \_\_\_\_\_  
 How long?

Marriage: \_\_\_\_\_  
 Date Church City/State

Validation [If applicable]: \_\_\_\_\_  
 Date Church City/State

Separation: \_\_\_\_\_  
Date Parties separated permanently

Divorce: \_\_\_\_\_  
Date County/State

Children: \_\_\_\_\_  
How Many

List other marriages [before or after the marriage in question] contracted by either the Petitioner and/or the Respondent. A separate Petition for each marriage is necessary. **Note: If the ex-spouse has died, a verification of death will be needed.**

**PETITIONER**

Name of Spouse:	Date of Marriage:	Date of Divorce:	Decree of Invalidity (✓)	
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____

**RESPONDENT**

Name of Spouse:	Date of Marriage:	Date of Divorce:	Decree of Invalidity (✓)	
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____

**STATUS CONCERNING PRESENT MARRIAGE OR FUTURE MARRIAGE [When applicable]:**

Person whom Petitioner has married or is planning to marry: \_\_\_\_\_

Has this person ever been married? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, has a declaration of invalidity been granted? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, is this person open to having a study done on his/her previous marriage? Yes \_\_\_\_\_ No \_\_\_\_\_

WITNESSES

If your parents are willing and able to respond, please list their names first, along with the parents of your former spouse. Please alert all witnesses that they will receive questions from us and encourage them to respond quickly and thoroughly to the request. When we write to them, we will assume you have contacted them unless you tell us otherwise. Choose people who knew you both if possible, and those who knew you when you were growing up, dating, and during the years of your marriage.

Your Parents:

Former Spouse's Parents:

\_\_\_\_\_

\_\_\_\_\_

Address:

Address:

\_\_\_\_\_

\_\_\_\_\_

City, State, Zip

City, State, Zip

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE NOTE: Give name, address and relationship for witnesses (We need at least four, if at all possible) DO NOT INCLUDE PARENTS since they are mentioned above.**

**Witness #1**

**Witness #2**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ (Male / Female)

Phone: \_\_\_\_\_ (Male / Female)

Email: \_\_\_\_\_

Email: \_\_\_\_\_

(Relationship) \_\_\_\_\_

(Relationship) \_\_\_\_\_

**Witness #3**

**Witness #4**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ (Male / Female)

Phone: \_\_\_\_\_ (Male / Female)

Email: \_\_\_\_\_

Email: \_\_\_\_\_

(Relationship) \_\_\_\_\_

(Relationship) \_\_\_\_\_

**Witness #5**

**Witness #6**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ (Male / Female)

Phone: \_\_\_\_\_ (Male / Female)

Email: \_\_\_\_\_

Email: \_\_\_\_\_

(Relationship) \_\_\_\_\_

(Relationship) \_\_\_\_\_

# LIBELLUS

## FORMAL PETITION FOR DECLARATION OF NULLITY

By means of this document, I \_\_\_\_\_, the undersigned, request the Tribunal of the Diocese of Rapid City to study my marriage to \_\_\_\_\_ in order to determine if it was invalid from the beginning. The grounds on which I base this Petition are: \_\_\_\_\_

Causes which I believe contributed to a defect of consent at the time of the wedding are: \_\_\_\_\_

*(\*\*If additional room is needed for the above sections, please continue on the next page\*\*)*

**I understand I may not presume a favorable outcome to this study by making either formal or informal arrangements for a subsequent marriage within the Catholic Church.**

I recognize that the materials gathered for this study are confidential and privileged; that is, they are only open to the officials of the Tribunal. As required by c. 1598, they are also open for inspection by me and the Respondent, but for purposes of defense only, and under conditions determined by the Tribunal. For a very serious reason, certain testimony may be withheld from inspection by me or by the Respondent, but only if requested in writing or determined by the judge.

I solemnly swear before God and my conscience that the information provided by me in the attached application is the truth insofar as I know it.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Current Address of Petitioner

\_\_\_\_\_  
Current Address of Respondent

\_\_\_\_\_  
Parish

\_\_\_\_\_  
Street Address of Parish

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Pastor or Pastoral Minister

I understand that the Tribunal is willing to provide me with the services of a procurator/advocate who can both speak for me, and assist me throughout the process. I mandate the appointment of such a person, one appointed to the Tribunal (c. 1483-1484). I also rely on the justice of the court to see that my rights are upheld, up to and including the publishing of the sentence (c. 1606).

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness [Signature of Pastor or Pastoral Minister]

**(Parish Seal)**

