



TRIBUNAL OFFICE

(Updated January 2021)

DIOCESE OF RAPID CITY

225 MAIN ST., STE 100
RAPID CITY · SOUTH DAKOTA 57701-2835
(605) 343-3541 · FAX (605) 348-7985

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:

Address:

City, State, Zip

Phone: _____

Email: _____

Former Spouse's Parents:

Address:

City, State, Zip

Phone: _____

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

Phone: _____ (Male / Female)

Email: _____

(Relationship) _____

Witness #2

Phone: _____ (Male / Female)

Email: _____

(Relationship) _____

Witness #3

Phone: _____ (Male / Female)

Email: _____

(Relationship) _____

Witness #4

Phone: _____ (Male / Female)

Email: _____

(Relationship) _____

Witness #5

Phone: _____ (Male / Female)

Email: _____

(Relationship) _____

Witness #6

Phone: _____ (Male / Female)

Email: _____

(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

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)

