

Application for Declaration of Nullity Halifax Regional Marriage Tribunal

(Arch)Diocese	!	

PETITIONER		RESPONDENT
	First and Middle Name	
	Last Name	
	Maiden Name (Female)	
	Full Mailing Address	
	Home Phone Number	
	Cell Phone Number	
	Work Phone Number	
	Email	
	Occupation	
	Date of Birth	
	Age at Wedding	
	Present Religion	
	Previous Religion	
	Date of Baptism	
	Church Of Baptism	
	Address of Church of	
	Baptism	
	Father's Name	
	Father's Religion	
	Father's Address	
	Father's Phone Number	
	Mother's Name	
	Mother's Maiden Name	
	Mother's Religion	
	Mother's Address	
	Mother's Phone Number	

INTERNAL USE ONLY		
Date Received at Tribunal:	Case Number:	
Auditor		
Notary:		



Information about the Courtship

Date (approximate) when you and your former partner met?					
Where did you meet?					
Date (approximate) when you and your former partner became engaged?					
Length of Relationship prior to engagement Length of actual engagement Information about the Marriage					
mior mation about the Marriage					
Date of Marriage:					
Name of Church or Place:					
Address of Church or Place:					
City: Province: Postal Code:					
Denomination of Church					
Was there more than one marriage ceremony (civil, non-Christian, etc) If yes please explain briefly					
Before a Priest□ Minister□ Justice of the Peace/Civil Official:□ Other:□ Was there a Catholic Ceremony: Yes□ No□ Length of Marriage Date of Separation					
Divorce Yes No Date and place of Divorce					
First Marriage for both of you No					
If not the first marriage, give names, dates and places of other marriages.					
If you or your former spouse have previously petitioned a Catholic Marriage Tribunal regarding this or another marriage, please give the place, case number and result of that involvement.					



Curren	nt Marital Status		Future Ma	ırriage Plans:	No:		
Yes: If yes, have you met with a Catholic Priest or Deacon? Yes Has your future spouse ever been married? Yes \(\sigma \) No \(\sigma \)							
Names and birth dates of children (born or adopted during this relationship only)							
Who ha	as custody? Petitione	er	Respo	ndent			
Certific Certific Record	nents Required: cate of Marriage cate of Divorce d of Baptism – Contac istory: (Should be 2			rd (within last	c 6 months)		
 Petitioner Family History: Please write about your family home. How did you grow up? How many brothers and sisters, the role of religion, parents occupations, leisure activities, the family communication style, what the relationships were like etc.? 							
2.	2. Respondent Family History: Please write about your former spouse's family home. How did they grow up? How many brothers and sisters, the role of religion, parents occupations, leisure activities, the family communication style, what the relationships were like etc.?						
3.	3. Petitioner: describe your personal life before marriage:						
4.	4. Respondent: describe their personal life before marriage.						
5.	5. COURTSHIP How old were the both of you when you met? How did you meet? How long did the courtship last? What was the relationship like at the time?						
6.	6. ENGAGEMENT Why did You and your spouse decide to get married? How long were you engaged?						
7.	Were there externa	l pressures to	marry?	Yes	No		
8.	Did either of you ha	ave doubts ab	out the deci	sion to marry?	Yes	No	



- 9. Did anyone advise against the marriage (ex. Family or friends) Yes No
- 10. Describe the specifics of the marriage and expand on the events that lead to the breakdown.
- 11. What do you see as the fundamental problem(s) in your marriage?

Please submit the above information by mail or e-mail. If you have any questions, please contact Cathy Targett at the Marriage Tribunal at 902-429-9800 ext. 321 or email at ctargett@halifaxyarmouth.org.