



## 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 (not applicable) on the space provided.

**YOU MUST SUBMIT A SEPARATE PRELIMINARY QUESTIONNAIRE FOR EACH PRIOR MARRIAGE WHICH REQUIRES TRIBUNAL CONSIDERATION.**

**PLEASE PRINT CLEARLY OR FILL OUT ONLINE FIRST AND THEN PRINT**

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

### A. PETITIONER INFORMATION

Mr.      Mrs.      Ms.      Dr.

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home: \_\_\_\_\_

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:

Date: \_\_\_\_\_ Name of Church: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

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

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

If “yes”, please give the following information:

Date: \_\_\_\_\_ Name of Church: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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

### FOR OFFICE USE ONLY

Prot. No: \_\_\_\_\_ CC: \_\_\_\_\_

Type: \_\_\_\_\_ Spanish/English \_\_\_\_\_

## 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.**

Mr.      Mrs.      Ms.      Dr.

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Home: \_\_\_\_\_

\_\_\_\_\_ 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:

Date: \_\_\_\_\_ Name of Church: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

3. If the Respondent was not originally Catholic, is he/she considering entering the Catholic Church?      Yes      No

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

Yes      No

If "yes", please give the following information:

Date: \_\_\_\_\_ Name of Church: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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?

Date: \_\_\_\_\_ Place: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Officiant Name & Title: \_\_\_\_\_

Common law?      Yes      No

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

If "yes", please give the following information:

Name of the Diocese that granted permission: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

3. Was this marriage convalidated? Yes No

If "yes", please give the following information:

Date: \_\_\_\_\_ Name of Church: \_\_\_\_\_

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.

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 \_\_\_\_\_

## D. MARITAL HISTORIES (cont.)

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2. 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.

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

2. Please print name of Priest/Deacon/Advocate assisting you in this process:

Priest or Deacon: \_\_\_\_\_ Parish: \_\_\_\_\_

Address: \_\_\_\_\_

## F. 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 or 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 to PLEASE MAKE A COPY OF THIS DOCUMENT FOR YOUR RECORDS**