



Metropolitan Tribunal—Archdiocese of New York

1011 First Avenue, New York, NY 10022 (Tel) 646-794-3200

Petitioner Information Form

Dear Petitioner,

As you begin preparing the **Petitioner Information Form**, I would like to remind you that the purpose of this application is formally to request that the Metropolitan Tribunal initiate an investigation to clarify whether or not you are bound by a previous marriage according to the teaching and law of the Roman Catholic Church. This form and the other required documents (see Checklist) will begin a formal canonical process to resolve the question concerning this marriage. The enclosed Petition, together with the required documents and your sworn testimony, as well as that of your former spouse and witnesses, will provide the basis by which the Tribunal Judges make a decision.

This Information Form is divided into four sections:

- The **first section** asks basic information regarding you (the Petitioner), about your former spouse (the Respondent), and about your courtship and marriage.
- The **second section** is to be completed **only if you cannot locate your former spouse** after trying the sources and avenues available to you.
- The **third section** contains a series of questions that will help the Tribunal understand the circumstances related to your marriage. This section also contains information, which will help you in proposing the reason or basis for the Tribunal to examine the validity of your marriage to the Respondent. Lastly, this section contains the Petition itself which is the official document required to open the investigation for a possible declaration of invalidity.
- The **final section** asks for the names and complete addresses of witnesses who can be cited by the Tribunal and asked to come in to give testimony about the marriage in question. **The last page of this document is a checklist of what is required for you to submit to the Tribunal.**

If you would like assistance in completing this form, please speak with a Priest or Deacon at the Parish. Once it is complete, please mail it and the required documents to the Tribunal office. The Tribunal will then notify you of the next steps in the process. In order for the process to run smoothly, it is important that you keep us informed of any change in address for you, your former spouse or your witnesses. Should you have any questions or concerns, please contact the Tribunal.

If, after receiving your Petition and documentation, it is discovered that you have a special case, which might be better addressed, by another type of process, you will be contacted by the Tribunal to explain the options available to you.

The Tribunal cannot guarantee the outcome of the case nor provide a timeframe for its completion; **please do NOT set a date for a wedding** until you have the final decree in hand from the Tribunal.

It is important to note that due to the COVID crisis and personnel shortages, the process can take 2 years or, for difficult cases, possibly longer.

Very Rev. Msgr. Robert J. Hospodar,
J.C.L. Judicial Vicar

**** NEW FEES as of November 1, 2023, see page 22.**

**** EXTRA FEES: Mailings to Europe, Asia and Africa will be charged an additional postage fee.**

**** PRINT packet: 1-sided only. Do NOT print 2-sided. (The back of each page must be blank.)**

Section 1

Petitioner (you)

I AFFIRM BEFORE GOD AND MY CONSCIENCE THAT ALL OF THE INFORMATION I PROVIDE HEREIN IS TRUE AND COMPLETE.

CONTACT INFORMATION

PLEASE PRINT OR TYPE ALL INFORMATION IN BLACK

Title	First Name	Middle Name	
Current Last Name		Family/Maiden Name	
Address			<input type="checkbox"/> Male <input type="checkbox"/> Female
City	County	State	ZIP
Email:		Occupation:	
Please indicate how you may be contacted about your case in addition to regular mail:			
Home Telephone	()		
Cellular Telephone	()		
Work Telephone	() ext.		
You authorize us to leave a message regarding your case at: <input type="checkbox"/> Email <input type="checkbox"/> Home phone <input type="checkbox"/> Cell <input type="checkbox"/> Work			

BIOGRAPHICAL INFORMATION

Date of Birth (mm/dd/yyyy)	
Place of Birth: City	
State or Province	Country
Before the marriage in question, were you ever baptized? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>	
If yes, in which church or denomination were you baptized?	
What was the date of your baptism? (mm/dd/yyyy)	
If exact baptism date not yet available, please supply the year:	
Church or parish of baptism	
Street	
City, State or Province, Zip Code	Country
What was your religion or denomination at the time of the wedding?	
What religion or denomination do you now observe or practice?	
Current parish or congregation	
City	
State or Province	Country
Is there any Eastern Rite (Catholic or Orthodox) affiliation in your family background (e.g., Byzantine, Ruthenian, Ukrainian, Maronite, Armenian, Greek, Syrian or other)? If yes, which?	

Respondent *(the former spouse to the marriage)*

Title	First Name	Middle Name	
Current Last Name		Family Name	
Street Address			<input type="checkbox"/> Male <input type="checkbox"/> Female
City	County	State	ZIP
Telephone: ()	Country	Are you in contact with the Respondent at this time?	
Email:		Respondent's Occupation:	

⊗ IMPORTANT NOTE: *You MUST provide the complete current mailing address for the Respondent. Without this information, the case may not be accepted. If you have made serious efforts to locate the Respondent, but still cannot provide a complete address, see Section 2 and provide all documentation.*

Respondent's Date of Birth (mm/dd/yyyy)		
Place of Birth: City	State or Province	Country
Before marrying you, was the Respondent ever baptized? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>		
If yes, in which church or denomination was the Respondent baptized?		
What was the date of the Respondent's baptism? (mm/dd/yyyy)		
If exact baptism date not available, please supply the year:		
Church or parish of baptism		
Street		
City, State or Province, Zip Code		Country
What was the Respondent's religion or denomination at the time of the wedding?		
What religion or denomination does the Respondent now observe or practice?		
Current parish or congregation		
City		
State or Province	Country	
Is there any Eastern Rite (Catholic or Orthodox) affiliation in your family background (e.g., <i>Byzantine, Ruthenian, Ukrainian, Maronite, Armenian, Greek, Syrian or other</i>)? If yes, which?		

Courtship & Wedding

Briefly, when and how did you and the Respondent meet? (Date: _____) Circumstances :

How long was your courtship before you decided to marry?

Was there a formal engagement period prior to the wedding?
 If yes, Date of Engagement _____ Length of Engagement _____

Did you and the Respondent live together (cohabit) prior to the wedding? Yes No
 If yes, how long did you live together before marriage?
 If yes, did this have any effect on your decision to marry? _____ If yes, please explain. _____

Was there a pregnancy or suspicion of a pregnancy prior to this wedding? Yes No
 If yes, did this have any effect on your decision to marry? Please explain. _____

Did you and the Respondent enter into a pre-nuptial agreement? Yes No
 If yes, please attach a copy of the agreement. _____

In your marriage preparation did you participate in: Catholic Couple Checkup? Yes No
 Prepare/Enrich? Yes No
 Another program? Yes No

Exact date of the wedding in question (mm/dd/yyyy)

The marriage was performed / witnessed by a Catholic priest or deacon Other religious official Civil official
 Other (indicate by whom) _____

Name of priest, minister, or officiant _____

Church or place of marriage _____

Address _____

City _____ State or Province _____ ZIP _____

Country _____

Where was the civil marriage license obtained? County _____ State or Province _____
 If appropriate, Country _____

If a civil marriage preceded the church wedding, Date of convalidation or "blessing" (mm/dd/yyyy)

Name of church or parish _____

City _____ State _____ ZIP _____

Country _____

Name of priest or deacon _____

Why did you have your marriage convalidated at that time? _____

Was your marriage to the Respondent **your** first marriage? _____ Was the Respondent married to anyone **before** you? _____

*** Did you ever petition for an annulment for this marriage? _____ If YES, what diocese? _____

IMPORTANT NOTE: If either you or the Respondent were ever married to anyone before this marriage (whether a civil or a religious wedding), please list information about each prior marriage on the following page.

Other Marriages (before & after) -Yours

If you were married at any time before or after marrying the Respondent, complete the following for each and every marriage:

<i>Marriage #</i>	<i>Name of Your Spouse</i>	<i>Date (mm/dd/yyyy) and Place of Wedding (City, State, Country) and Type of Ceremony: Civil or Religious</i>	<i>Was this the 1st marriage for your spouse?</i>	<i>If applicable, Date and Place of this Spouse's Death</i>	<i>Was this Marriage Declared Null by the Catholic Church?</i>
1			Yes If NO, list # of prior marriages:		<input type="checkbox"/> Yes <input type="checkbox"/> No Tribunal location, case # or date:
2			Yes If NO, list # of prior marriages:		<input type="checkbox"/> Yes <input type="checkbox"/> No Tribunal location, case # or date:
3			Yes If NO, list # of prior marriages:		<input type="checkbox"/> Yes <input type="checkbox"/> No Tribunal location, case # or date:

If you have Final Decrees from another Court or Tribunal regarding the nullity/dissolution of any other marriages, please attach them to this petition.

Respondent's

If the Respondent was married at any time before or after marrying you, complete the following for each and every marriage:

<i>Marriage #</i>	<i>Name of their Spouse</i>	<i>Date (mm/dd/yyyy) and Place of Wedding (City, State, Country)</i>	<i>Was this the first marriage for this spouse?</i>	<i>If applicable, Date and Place of this Spouse's Death</i>	<i>Was this Marriage Declared Null by the Catholic Church?</i>
1			Yes If NO, list # of prior marriages:		<input type="checkbox"/> Yes <input type="checkbox"/> No Tribunal location, case # or date, if known:
2			Yes If NO, list # of prior marriages:		<input type="checkbox"/> Yes <input type="checkbox"/> No Tribunal location, case # or date, if known:
3			Yes If NO, list # of prior marriages:		<input type="checkbox"/> Yes <input type="checkbox"/> No Tribunal location, case # or date, if known:

If you have Final Decrees from another Court or Tribunal regarding the nullity/dissolution of any other marriages, please attach them to this petition.

Separation & Divorce

Approximately how long were you married to the Respondent before the final separation?	
Number of separations during the marriage	Approximate date of the first separation
What brought about the first separation (briefly)?	
Any other separations (briefly)?	
What brought about the final separation (briefly)?	
Date of final separation — month	year

Date of the civil divorce — month day year	On what grounds was the suit for divorce/annulment brought?
Was it a <input type="checkbox"/> Divorce or <input type="checkbox"/> Civil Annulment	
County	State
(or, if applicable, country)	
Name of Court which granted the divorce/annulment	
Who applied for the divorce/annulment: <input type="checkbox"/> I did <input type="checkbox"/> The Respondent did	

Children

How many children were born during your marriage to the Respondent?
List the year of birth for each child: If there were no children born during the marriage, why not?
How many children did you adopt during your marriage to the Respondent? If any, in what year(s):
How many children are still minors today? Who now has legal custody of the children?
Have you been fulfilling your obligations of visitation/custody of the children? Has the Respondent been fulfilling the obligations of visitation/custody of the children?
Are you obligated to pay child and/or spousal support assessed by the civil courts? <input type="checkbox"/> Yes <input type="checkbox"/> No Are these being met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Respondent obligated to pay child and/or spousal support assessed by the civil courts? <input type="checkbox"/> Yes <input type="checkbox"/> No Are these being met? <input type="checkbox"/> Yes <input type="checkbox"/> No

Is there any ongoing or pending litigation in the civil Courts between you and the Respondent? Yes No
If yes, please briefly describe:

Is there a current protection-from-abuse order, restraining order, or similar court order in effect between you and the Respondent? Yes No. Was there ever such an order? Yes No.

If yes, which one?

Please describe the events that led up to it:

Your Current Status

What is your current marital status? <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Civilly Remarried			
<i>If you are remarried or engaged:</i> Full Name of your current or intended spouse:			
Title:	First Name:	Middle:	Last Name:
Family name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address			
City	State	ZIP	Country
Religion of current or intended spouse:		Date of Birth (mm/dd/yyyy):	
If not Catholic, are either you or your current / intended spouse enrolled in a Catholic RCIA (<i>Rite of Christian Initiation of Adults</i>) Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, in which parish?			
City		State	
If Christian, what is the date of your current/intended spouse's Baptism?		Did your current/intended spouse ever change religions?	
Is this your only marriage since your marriage to the Respondent? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your current or intended spouse ever married before (in either a civil or religious ceremony)?			

IMPORTANT NOTE: If your intended spouse has any prior marriages, please be certain to inform the Tribunal of this fact. If neither party is free to marry, no wedding can take place in the Catholic Church.

Section 2

Your Efforts to Locate Your Former Spouse

If you are unable to provide the Tribunal with a complete current address for the Respondent, please complete the questions below. In some cases it may not be possible to accept the case without this information.

YOU MUST PROVIDE DOCUMENTATION FOR ALL SEARCHES AND INVESTIGATIONS ATTEMPTED

Full name of the other spouse to the marriage in question:			
First Name	Middle Name	Last Name	
Has this person ever been known by another name (for example, a maiden name, an alias, a former name):			
If yes, please list all known aliases or family / former names:			
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Date(s) when name was used:</i>
When was your last contact with the Respondent <input type="checkbox"/> in person <input type="checkbox"/> by phone <input type="checkbox"/> by mail/e-mail			
Last known address of the Respondent:			
Street			
City	State	ZIP	
If appropriate, country	Telephone	Email	
When was the last date you knew the Respondent to be at the above address?			
Last known telephone number () <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			
Last known employment: company or employer			
Street Address			
City	State	ZIP	
If you had children, please explain why one of these could not provide you with current contact information for the Respondent:			
Addresses of relatives of the Respondent who could be contacted to forward correspondence:			
Please list in detail what efforts you have made to locate the Respondent's current address:			
• Cities/Towns for which you looked in telephone books (available at libraries) or called Directory Assistance:			
Date last checked			
• Names and contact information for Attorneys, investigators or other professionals you contacted for help:			
• Names and contact information for mutual friends, in-laws, former neighbors, co-workers, etc., you contacted:			
• On-line search engines & paid services you used to try to locate the Respondent (give web addresses, print and attach your results)			
• Other efforts you made, and when			

Section 3

Preparation of Your Petition

The following pages contain several brief questions, which will help the Tribunal to propose grounds for nullity. These questions may also guide you in your understanding of possible grounds. Please answer these questions in the brief space provided below. The Tribunal Judges will determine the actual ground(s) for the case, usually after hearing from the Respondent, and will then inform you.

Please remember that it is not necessary to go into detail in answering the following questions. These are preliminary questions only, and you will have the opportunity later to give in-depth answers to questions relevant to your case before a Judge.

Please remember: if your marriage was later convalidated or "blessed" in the Catholic Church, these

questions refer to the time of that convalidation or "blessing," and not to the civil wedding.

Courtship and Decision to Marry

When and how did you and the Respondent meet?

What was happening in your life at the time you met the Respondent? (Give details)

What else was happening in the Respondent's life at the time you met? (Give details)

Who brought up the topic of marriage, and under what circumstances? (Explain the circumstances)

Did anything specific, or anything unusual, occur that prompted your decision to marry? (If YES, please explain)

Was there any pressure to marry on either party? Yes No. (If YES, please explain):

How did the engagement occur?

Was the engagement ever cancelled or broken? Yes No. If yes, explain the circumstances, any problems that existed during the engagement, and how and why you reconciled:

Was there any force used or fear instilled (internal or external) to marry the Respondent? For the Respondent to marry you? Please explain.

Your Concept of Marriage Itself

At the time of your marriage, did you envision any event or circumstance that would allow you to end the marriage and enter another marriage? Yes No. Please explain your answer:

To your knowledge did the Respondent envision any such event or circumstance? Yes No. Please explain your answer:

Prior to this marriage, what was your experience of divorce among family and friends?

What was the Respondent's experience?

Do you believe that you and the Respondent shared the same notion of marriage at the time of the wedding? Yes No.
Please explain your answer:

Please complete the following, as you would have at the time of your marriage:

Marriage Until Death Do Us Part" means...

Before the wedding, what had you and the Respondent discussed and decided about having children in the marriage?

Did you both share the same ideas and decisions about having children in the marriage? Yes No.

Please explain your answer:

Did either you or your former spouse reserve the right to determine when/if to attempt to have children?

Did either of you place conditions on when to attempt to have children (e.g., if the marriage is successful, if a certain financial stability is reached, if a certain career goal is attained)? Please explain.

Did you make a plan regarding the delaying of children through any means or method of birth control or some form of sterilization? If so, what was the plan? Was it carried out? Who used birth control and for how long? Who had the sterilization?

Days prior to the wedding was either of you sexually active with someone else? Yes No. (If YES, please explain)

Was infidelity a problem in your marriage to the Respondent? Yes No.

If yes, by which spouse, or both?

If either or both were unfaithful, please answer the following:

What was the act?

When did the first act of infidelity occur?

Was infidelity a continuing problem? Yes No. If yes, please elaborate.

At the time of the marriage, did you believe that infidelity gives a spouse the right to end the marriage and enter another?

General Considerations

Please explain briefly what problems, issues, or factors you believe caused this marriage to fail, and when each first appeared:

Were you aware of any of the above problems or issues before the wedding? Yes No. If yes, please explain why you did not consider the problem/problems serious at that time, or why you decided to marry nevertheless:

What would the Respondent say was *your* role in the problems and breakdown of the marriage?

What was the Respondent's role?

When did you stop living together as husband and wife? (What year?)

What led up to the final separation?

Did you discover, after the wedding, something relevant to the marriage that had been hidden or not disclosed before the wedding? If yes, please explain:

Did you marry for a reason other than marriage itself (for example, a pregnancy, a green card, etc.)? Did the Respondent?

Was there any condition set prior to the wedding by either you or the Respondent to be fulfilled by either of you after the wedding? If so, please explain.

Preparing Your Petition

The “Petition” is at the end of this section. It contains basic information required by Canon Law. It contains a section in which you are asked to write a very brief description of why you think the marriage was not valid and binding from the beginning. There are a limited number of grounds or legal bases for considering the validity of marriage. The following descriptions of the most common of these grounds may help you to prepare your brief statement. The Tribunal is not concerned with pointing fingers or finding moral fault with either spouse, but with learning the truth of the marriage. Any basis or circumstance for a declaration of invalidity must have existed from the very beginning of the marriage, that is, on the wedding day (or the day of convalidation or “blessing”).

Please indicate whether or not the following existed on the day of the wedding:

[Please be advised that the following are NOT grounds for invalidity:

Immaturity, incompatibility, lack of communication, infirmity after the fact, infidelity, later onset addictions, wrong choice of spouse, or post-marital trauma (e.g., the death of a child).]

- If at the time of your wedding you did not hold that your marriage would be an exclusive union...** that is one or both of you considered the marriage “open” or considered it acceptable to have other sexual partners during your future marriage, you could write, “an intention against fidelity.”
- If at the time of the wedding one or both of you decided to exclude the possibility of having children** during the duration of your marriage, or if you and/or the other party mutually or unilaterally decided to postpone having children until some indeterminate time or condition was met, or if you always used some means of contraception to prevent pregnancy, you could write, “the exclusion of children.”
- If there was a pre-marital pregnancy...** If the fact or suspicion of a pre-marital pregnancy caused the decision to marry this might be a factor. Did you feel pressured to marry because of the pregnancy, whether it was internal pressure or pressure from someone else? If so, you could write, “pressure to marry because of pregnancy.”
- If at the time of the wedding there were serious problems with addictions...** If the problems affected one or both of you in your decision making ability, or in your ability to function normally, or if they prevented one or both of you from being able to fulfill the basic obligations of marriage, you could write, “alcohol (and/or drug) abuse which prevented fulfilling the basic obligations of marriage,” or “alcohol (and/or drug) abuse which prevented sound decision-making at the time of marriage.” It is important to state when the addiction started. **Please note, the use of this ground on either party will require a psychological/psychiatric evaluation by a tribunal appointed doctor at your expense, to be paid directly to the doctor (approx. \$600).**
- If psychological/psychiatric illness affected the party(ies) or marriage...** A person must be capable of living out the commitment of marriage, including being a spouse and a parent, even with illness. If serious psychiatric illness prevented either you or your former spouse from understanding or fulfilling the basic obligations of marriage, you could write, “serious psychiatric or psychological illness which prevented the fulfillment of the basic obligations of marriage.” **Please note, the use of this ground on either party will require a psychological/psychiatric evaluation by a tribunal appointed doctor at your expense, to be paid directly to the doctor (approx. \$300-\$450).** Other medical proofs may also be necessary.
- If fraud led to the marriage...** If you or your former spouse had been told a lie in order to convince you to marry, or if something important was intentionally concealed in order to get you to marry, you could write, “fraud intended to lead to marriage.”
- If at the time of your marriage, you or your former spouse did not hold that your marriage was “until death”...** If in fact you or your former spouse excluded from your marriage all probability of marital permanence, you can write, “exclusion of the permanence of marriage.”

- ❑ **If homosexuality was an issue in the marriage...** Homosexuality is not a ground of invalidity in itself, but confusion over sexuality and self-image can prevent or interfere with the marital relationship and marital intimacy. If this was a factor in the marriage, you could write, “inability to fulfill the obligations of a (husband/wife) because of homosexuality.” It is important to include whether homosexual feelings or confusion existed prior to the marriage, how soon into the marriage this became a problem, and whether the marriage ended principally because of homosexuality.
- ❑ **If you did not intend to marry at all...** Sometimes a couple will go through a legal or religious marriage ceremony for a reason connected with immigration, insurance, or finances, and not out of the idea of marriage itself. In other words, they were pretending to marry. If such was the case in this marriage, you could write, “simulation of marriage for reasons of (immigration/insurance/_____).”
- ❑ **If one or both of you entered this marriage against your will...** If either spouse, or both, did not agree to marry freely but because of some force, or out of fear (even a deep-seated fear of displeasing someone important to you such as a parent or clergyman), you could write, “force (or fear) to enter marriage.” This might apply also if the marriage was arranged (as happens in some cultures) and you or your spouse did not want to marry.
- ❑ **Error of person or error quality principally and directly intended...** If your former spouse falsified his or her identity at the time of marriage, such that you thought you were marrying a different person, you could write, “error of person.” If in choosing to marry your former spouse you were actually focused primarily on some quality that you thought the other had (i.e., she is a doctor, he is a vegetarian), but later discovered that he or she was not, and **you or the Respondent desired that quality more than marriage itself**, you could write, “error principally and directly intended,” also indicating the quality about which you were in error.
- ❑ **Condition...** If you placed any condition on the marriage—either concerning the past, present or future, you could write, “past/present/future condition,” also indicating what the condition concerned and whether or not the condition was actually fulfilled.

ATTENTION!!

***The next page is the most important page in this packet.
You must fill it out completely. Be sure to include:***

- 1) Reason for invalidity (box in the middle of the page)***
- 2) Names of at least 2 witnesses (box below the above)***
- 3) Signature and date (at the bottom of the page)***

Petition

The Tribunal will normally send a copy of this Petition page to the Respondent when the trial begins.

PETITIONER Your full name (Family name also, if applicable)	RESPONDENT Full name of spouse to this marriage (Family Name)
Address (street, city, state, zip)	City of Residence (Respondent)
I hereby request that the Metropolitan Tribunal of the Archdiocese of New York accept this petition to pronounce, according to the Canon Law of the Catholic Church, that the marriage between the spouses named above was not valid.	
The marriage (convalidation) took place on the following date and at the following place:	
Date (mm/dd/yyyy)	City, State, and Country
(Arch)diocese	Church Name and Address
In making this petition, I contend that the marriage was invalid for the reason(s) contained in my application and as summarized below. (You MUST 1) include a very brief explanation in the box below of why you chose the ground(s) 2) indicate the party on which the ground(s) you allege apply: yourself, your former spouse or both)	
WITNESSES: I name the following witnesses who are knowledgeable about the above ground(s) and who are willing to appear and offer sworn testimony: (This MUST be completed.)	
1	2
3	4
5	6



_____ **Petitioner Signature** _____ **Date**

_____ **** Respondent Signature (ONLY if respondent consents to grounds)** _____ **Date**

***If Respondent signs: Respondent's signature must be **notarized** and a **copy of Respondent's gov't issued ID** must be included.*

For Tribunal Use:

Date Received _____ Date Accepted by Judicial Vicar _____

Very Rev. Msgr. Robert J. Hospodar, JCL
Judicial Vicar

Section 4

Witnesses

It is **absolutely** necessary to provide the names and complete addresses of **several** witnesses (preferably at least four) who can support the grounds of your case. The best witnesses are friends, co-workers, family members, roommates, or others who knew both you and the Respondent before and during the marriage. Please contact your witnesses personally and inform them that you will give their names and addresses to the Tribunal. If you do not contact them, they may be surprised and even angered when the Tribunal cites them. Their refusal to answer questions can seriously delay or affect the outcome of your case.

Please apprise the witnesses of the following:

- 1) They must appear in person to testify about their knowledge of the marriage
- 2) Their interview should preferably be on the same day as your own interview with the Judge. You are responsible for coordinating this with your witnesses.

Testimony is taken Monday - Friday during normal business hours in accordance with the judge's schedule.

Witnesses who do not live within the Archdiocese will be given the opportunity to provide testimony in the Tribunal of their local diocese. **Neither "telephone testimony" nor written statements are permitted to take the place of oral testimony.**

Testimony can be taken via **Skype/ FaceTime/ WhatsApp/ Zoom**. To do so, you must contact the Metropolitan Tribunal at tribunal@archny.org for procedures and rules to verify that you qualify.

***** PLEASE NOTE: Witness cell numbers are preferable *****

1	Title:	First Name:	Middle:	Last Name:
Street Address				Email:
City:		State:	Zip:	Country:
*** Telephone #()		cell preferred	Gender	How long has this person known you?
Relationship to you				
Relationship to the Respondent				
Did this person know both you and the Respondent at the time of the marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What will this person be able to tell the Tribunal, in general terms?				
Did this person agree to be a witness and to testify at the Tribunal Office?				

***** PLEASE NOTE: Witness cell numbers are preferable *****

2	Title:	First Name:	Middle:	Last Name:
Street Address				Email:
City:		State:	Zip:	Country:
*** Telephone #()		cell preferred	Gender	How long has this person known you?
Relationship to you				
Relationship to the Respondent				
Did this person know both you and the Respondent at the time of the marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What will this person be able to tell the Tribunal, in general terms?				
Did this person agree to be a witness and to testify at the Tribunal Office?				

Witnesses (continued)

*** PLEASE NOTE: Witness cell numbers are preferable ***

3	Title:	First Name:	Middle:	Last Name:
Street Address				Email:
City:		State:	Zip:	Country:
*** Telephone #()	cell preferred	Gender	How long has this person known you?	
Relationship to you				
Relationship to the Respondent				
Did this person know both you and the Respondent at the time of the marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What will this person be able to tell the Tribunal, in general terms?				
Did this person agree to be a witness and to testify at the Tribunal Office?				

*** PLEASE NOTE: Witness cell numbers are preferable ***

4	Title:	First Name:	Middle:	Last Name:
Street Address				Email:
City:		State:	Zip :	Country:
*** Telephone #()	cell preferred	Gender	How long has this person known you?	
Relationship to you				
Relationship to the Respondent				
Did this person know both you and the Respondent at the time of the marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What will this person be able to tell the Tribunal, in general terms?				
Did this person agree to be a witness and to testify at the Tribunal Office?				

*** PLEASE NOTE: Witness cell numbers are preferable ***

5	Title:	First Name:	Middle:	Last Name:
Street Address				Email:
City:		State:	Zip:	Country:
*** Telephone #()	cell preferred	Gender	How long has this person known you?	
Relationship to you				
Relationship to the Respondent				
Did this person know both you and the Respondent at the time of the marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What will this person be able to tell the Tribunal, in general terms?				
Did this person agree to be a witness and to testify at the Tribunal Office?				

Witnesses (continued)

Professional or Expert Witnesses — If you saw a Professional about issues related to your grounds at any time before or during the marriage, please answer the following:

Did you see a Licensed Counselor, Psychologist, Psychiatrist, or Clinical Social Worker?

No Yes, I did, without the Respondent Yes, we did together Yes, the Respondent did, without me

Did you see a Medical Doctor or other health professional (about issues related to this marriage) within the past 5 years?

No Yes, I did, without the Respondent Yes, we did together Yes, the Respondent did, without me

If yes to any of the above, would you be willing to sign a Release from Confidentiality Form to allow that person to offer testimony that is relevant to your case (if the Tribunal considers it necessary and helpful to the case)?

PLEASE NOTE THAT IF THE RESPONDENT WAS SEEN WITH YOU OR INDIVIDUALLY, IT WILL BE NECESSARY FOR THE RESPONDENT TO SIGN A RELEASE AND AUTHORIZATION FOR A PROFESSIONAL WITNESS TO OFFER TESTIMONY.

If psychiatric or psychological illness played a role in the problems that existed at the time of this marriage, it will be helpful to the case if you submit certified (notarized) copies of any medical or hospital records in your possession which show a diagnosis and treatment dates. If physical abuse was present in the marriage, it will be helpful to submit certified (notarized) copies of any records in your possession regarding this, such as medical, hospital, or police records. **Photocopies of records, which are not notarized, will not be accepted.** Only original documents or notarized copies of the originals will be accepted by the Tribunal.

Pastor/Parochial Vicar (applicable to Catholics only)

If you are Catholic, please arrange to meet with your pastor/associate vicar to discuss the application/petition prior to submission.

I have met with the petitioner and confirm the following:

- I confirm that I have read the Petition on page 16.
- I confirm that the box in the middle of the Petition contains canonical grounds for nullity as listed on pgs 14-15.
- I confirm that the petitioner has signed and dated the petition.

Signature

Date

Parish



METROPOLITAN TRIBUNAL – ARCHDIOCESE OF NEW YORK
1011 First Avenue, New York, NY 10022
(212) 371-1000 Extension 3200

POLICY STATEMENT

I, _____, the Petitioner, understand that:

- A declaration of nullity cannot be issued unless I have provided evidence sufficient to overcome the presumption of validity of my marriage.
- My submitting the Petition does not guarantee that a declaration of nullity will be granted.
- The other party (respondent) has the right to know why I allege our marriage is invalid and will receive a copy of my Petition; furthermore, she/he will be invited to participate in these proceedings and all his/her rights will be protected as well as mine, including the right to inspect the Acts of the case (declarations, testimonies, etc.)
- **I cannot set (even tentatively) a date for marriage or validation** in the Catholic Church until the nullity of the previous marriage/s has/have been established with certainty according to the laws of the Church. I understand that due to the COVID crisis and personnel shortages, the process can take 2 years or, for difficult cases, possibly longer.
- No assurance of the outcome or the time it will take to complete the process can be given.
- If there is a judgment granting the declaration of nullity, it may contain a clause delaying or restricting permission to remarry in the Church.
- If the grounds on either myself or the respondent are psychological in nature and require a psychological/psychiatric evaluation, **I am fully responsible for all fees** charged by a tribunal appointed doctor. (approx. \$700).

I hereby certify that:

- I have contacted the witnesses whose names and addresses I have supplied, and they agree to participate.
- I understand that I am not to discuss the facts of my case with them.
- I have kept a photocopy of the materials I am submitting.

And I swear to the truthfulness of the evidence I am submitting.

Signature: _____

Date: _____



METROPOLITAN TRIBUNAL – ARCHDIOCESE OF NEW YORK
1011 First Avenue, New York, NY 10022
(646) 794-3200

CONFIDENTIALITY AGREEMENT

I _____, the Petitioner in this case, understand that this trial is being conducted in accordance with the Canon Law of the Roman Catholic Church, and that these proceedings are of a purely spiritual and religious nature, and that I am being given the opportunity to review the documents, testimony, and procedural acts of the case not known to me for the sole purpose of assisting me in the effective exercise of my rights before the Tribunal. I hereby undertake and promise as follows:

- 1) I voluntarily waive now and in the future any right under law to the subpoena or judicial discovery of the documents and evidence of this case apart from a case in this ecclesiastical tribunal. This waiver is given without reservation or condition.
- 2) I agree to keep confidential and secret any information that I shall learn in the course of these proceedings. To that end, I affirm that I shall make no copies or recordings of information or conversations regarding my case. I promise not to use information that I may learn through this case in any other forum or for any other purpose.
- 3) I promise not to discuss, publish, or disseminate through any means the information that I may learn here. I promise not to make use of this information in any way other than to prepare and argue my case before the tribunals of the Catholic Church. In all other places and for all other purposes I agree to keep all information I shall learn from this case confidential.
- 4) I understand that there may be expert reports and reviews, including psychological or other evaluations, that may be created or submitted in connection with this case, and I hereby intentionally waive any and all right to review them or have any form of access to them for any purpose.
- 5) I recognize that if I should violate or threaten to violate this agreement, I consent to the authority of the tribunal of the Archdiocese of New York to impose any penal remedy, penance, and/or penalty for this offense, as permitted by the canon law of the Church, and to seek relief or remedy in any court of law or equity.
- 6) I assume in perpetuity any responsibility for damage inflicted to others by my intentional or negligent release of information learned through this case and agree to hold harmless from such damages the Archdiocese of New York as well as all persons who have offered testimony or documents in this case, and all officers and agents of the Metropolitan Tribunal of the Archdiocese of New York.

I acknowledge that I have read the above provisions of this agreement and policy, and I fully understand them, and I further freely agree to abide by them now and in the future. I do so solemnly attest before God and my conscience.

SO HELP ME GOD.

* Signature

Date

* Petitioner to sign when submitting application

* Respondent to sign when giving testimony or viewing the acts

Checklist

The following are REQUIRED in order to submit your case. If any of the following are missing, your application will be returned

- ❶ Completed Petitioner's Information Form (no blank spaces) in black or blue ink
- ❷ Petition (pg. 16): Signed and dated with original signature
- ❸ Petition (pg. 16): Entered at least one of the grounds from pgs 14-15 in the middle box
- ❹ Policy Statement (pg 20) & Confidentiality Statement:
Signed and dated with original signature
- ❺ Application Fee (non-refundable): (due whether submitting a petition before or after Nov. 1, 2023)
\$100 check, payable to the Archdiocese of NY

The following Documents:

- ❻ Marriage Certificate (Church) - Original updated for the marriage in question
- ❼ Marriage License and/or Certificate (State) - Original for the marriage in question
Long form only, see next 2 pages)
- ❽ Divorce and/or Civil Annulment Decree for the marriage in question
- ❾ Baptismal Certificate of Petitioner - Original updated
(issued within the past 6 months). A copy WILL NOT be accepted

Please make and retain a copy of all forms and documents.

As of November 1, 2023:

The following fees will be incurred for formal cases heard before the Metropolitan Tribunal of the Archdiocese of New York:

\$100 Application fee (non-refundable) to be paid when an application is submitted

\$900 Administrative fee to be paid according to a mutually agreed upon installment plan; this fee represents only a portion of the costs incurred. If your finances change and you wish to alter your payment plan, call the Tribunal. **No one is ever turned away from the Tribunal because of an inability to pay.**

Please indicate how you will pay the \$900 administrative fee:

- One (1) payment of \$900.
- Two (2) installments: \$450 when the case is accepted and \$450 when testimony has been collected.
- Ten (10) monthly installments of \$90 each, payable the first day of the month (starting next month).
- _____ monthly installments of \$ _____ each, payable on the _____ day of the month.

LONG FORM (Acceptable - NY)

STATE OF NEW YORK DEPARTMENT OF HEALTH AFFIDAVIT, LICENSE and CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THIS
IS A TRUE COPY OF THE RECORD

COUNTY _____
CITY/TOWN _____
DISTRICT _____
NUMBER _____
REGISTER _____
NUMBER _____

TOWN CLERK, TOWN OF RYE

FROM THE GROOM

1. A. FULL NAME FIRST MIDDLE CURRENT SURNAME
B. BIRTH NAME, IF DIFFERENT
C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE)
D. SOCIAL SECURITY NUMBER
2. RESIDENCE A. (STATE) B. (COUNTY)
C. CHECK ONE AND SPECIFY CITY TOWN VILLAGE
D. STREET ADDRESS ZIP
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO
3. A. AGE 3B. DATE OF BIRTH MONTH DAY YEAR
4. EMPLOYMENT
A. USUAL OCCUPATION
B. TYPE OF INDUSTRY OR BUSINESS
5. PLACE OF BIRTH (CITY, STATE / COUNTRY IF NOT USA)
6. FATHER
A. NAME
B. COUNTRY OF BIRTH
7. MOTHER
A. MAIDEN NAME
B. COUNTRY OF BIRTH
8. NUMBER OF THIS MARRIAGE
9. PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE CIVIL ANNULMENT DEATH
B. HOW DID LAST MARRIAGE END? (3) DIVORCE (3) ANNULMENT (2) DEATH
C. DATE LAST MARRIAGE ENDED? MONTH DAY YEAR
D. ARE ANY FORMER SPOUSE(S) ALIVE? YES NO
10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION DATE OF DECREE PLACE ISSUED AGAINST WHOM SELF SPOUSE (MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA)
1ST
2ND
3RD
4TH

FROM THE BRIDE

11. A. FULL NAME FIRST MIDDLE CURRENT SURNAME
B. BIRTH NAME (MAIDEN NAME), IF DIFFERENT
C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE)
D. SOCIAL SECURITY NUMBER
12. RESIDENCE A. (STATE) B. (COUNTY)
C. CHECK ONE AND SPECIFY CITY TOWN VILLAGE
D. STREET ADDRESS ZIP
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES NO
13. A. AGE 3B. DATE OF BIRTH MONTH DAY YEAR
14. EMPLOYMENT
A. USUAL OCCUPATION
B. TYPE OF INDUSTRY OR BUSINESS
15. PLACE OF BIRTH (CITY, STATE / COUNTRY IF NOT USA)
16. FATHER
A. NAME
B. COUNTRY OF BIRTH
17. MOTHER
A. MAIDEN NAME
B. COUNTRY OF BIRTH
18. NUMBER OF THIS MARRIAGE
19. PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE CIVIL ANNULMENT DEATH
B. HOW DID LAST MARRIAGE END? (3) DIVORCE (3) ANNULMENT (2) DEATH
C. DATE LAST MARRIAGE ENDED? MONTH DAY YEAR
D. ARE ANY FORMER SPOUSE(S) ALIVE? YES NO
20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION DATE OF DECREE PLACE ISSUED AGAINST WHOM SELF SPOUSE (MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA)
1ST
2ND
3RD
4TH

I duly swear/affirm, depose and say, that to the best of my knowledge and belief that the information I provided is true and that I declare that no legal impediment exists as to my right to enter into the marriage state.

21. SIGNATURE OF GROOM USE CURRENT NAME
22. SIGNATURE OF BRIDE USE CURRENT NAME
23. SUBSCRIBED AND SWORN TO/AFFIRMED BEFORE ME SIGNATURE OF TOWN OR CITY CLERK DATE

This license authorizes the marriage in New York State of the bride and groom named above by any person authorized by New York Domestic Relations Law §11 to perform marriage ceremonies within New York State. THIS LICENSE VALID IN NEW YORK STATE ONLY.
 If checked, this license is to be used only for the purpose of a second or subsequent ceremony.

24. TOWN OR CITY CLERK
NAME (PRINT) _____
SIGNATURE _____ DATE _____
MAILING ADDRESS _____
STREET _____ CITY/TOWN _____ STATE _____ ZIP _____

25. A. SOLEMNIZATION PERIOD BEGINS TIME MONTH DAY YEAR
AM _____ PM _____
25. B. SOLEMNIZATION PERIOD ENDS AT MIDNIGHT ON: MONTH DAY YEAR

26. SOLEMNIZATION OCCURRED TIME MO. DAY YEAR
AM _____ PM _____
27. TYPE OF CEREMONY 0 RELIGIOUS 1 CIVIL
9 OTHER, SPECIFY _____

28. PLACE WHERE MARRIAGE OCCURRED
A. STATE _____ B. COUNTY _____
C. LOCATION OF CEREMONY (CHECK ONE AND SPECIFY)
 CITY OF TOWN OF VILLAGE OF
SPECIFY _____

29. OFFICIANT
NAME (PRINT) _____ TITLE _____
SIGNATURE _____ DATE _____
MAILING ADDRESS _____
STREET _____ CITY/TOWN _____ STATE _____ ZIP _____

30. WITNESS TO CEREMONY
NAME (PRINT) _____
SIGNATURE _____

31. WITNESS TO CEREMONY
NAME (PRINT) _____
SIGNATURE _____

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGENERATION SHOULD BE SENT
22 Island Heights, Springfield, Connecticut, 06892

AFFIDAVIT

LICENSE

CERTIFICATE

Previous marriages:

Name of Officiant

NOTE: OFFICIANT MUST RETURN CERTIFICATE TO DEPARTMENT OF HEALTH IN 8 DAYS OF SOLEMNIZATION.

SAFEGUARD

RECORDED & INDEXED

EXTENDED FORM
(Acceptable - NY)
with # of previous marriages

THE CITY OF NEW YORK
OFFICE OF THE CITY CLERK
MARRIAGE LICENSE BUREAU

License Number [REDACTED]

Certificate of Marriage Registration

This Is To Certify That [REDACTED]
residing at [REDACTED]
born on [REDACTED] at [REDACTED]
and [REDACTED]
residing at [REDACTED]
born on [REDACTED] at [REDACTED]

Were Married

on [REDACTED] at Office of The City Clerk
851 Grand Concourse, Room # B-131
NYC, NY 10451


Name of officiant By Name of officiant

Witnessed by [REDACTED]

Number of previous marriages: (Bride/Groom/Spouse A was married 0 time(s) before; Bride/Groom/Spouse B was married 0 time(s) before)
as shown by the duly registered license and certificate of marriage of said persons on file in this office.

CERTIFIED THIS DATE AT THE CITY CLERK'S OFFICE
Bronx N. Y. [REDACTED] 20

PLEASE NOTE: Facsimile Signature and seal are printed pursuant to Section 11-A, Domestic Relations Law of New York.


[REDACTED Signature]
City Clerk of the City of New York

Acceptable - New York

City/Town.....County.....STATE OF NEW YORK No.....

GROOM		BRIDE	
Name (Full name)	Age	Name (Full name)	Age
Residence	Date of Birth	Residence	Date of Birth
Occupation	No. of marriage Former wife or wives living or dead	Occupation	No. of marriage Former husband or husbands living or dead
Birthplace	Divorced	Birthplace	Divorced
Other (Name of)	" when	Other (Name of)	" when
Birthplace	" where	Birthplace	" where
Other (Name of)	" against whom	Other (Name of)	" against whom
Laboratory statement (Name and address of laboratory)	Date (Test completed)	Laboratory statement (Name and address of laboratory)	Date (Test completed)
Physician's statement (Name and address of physician)	Date (Specimen taken)	Physician's statement (Name and address of physician)	Date (Specimen taken)
Examination requirements (Were or were not)	dispensed with by judge or justice	Examination requirements (Were or were not)	dispensed with by judge or justice
Consent by.....Relation.....Date.....		Consent by.....Relation.....Date.....	
Consent by.....Relation.....Date.....		Consent by.....Relation.....Date.....	
Proof of age (Fora)		Proof of age (Fora)	
Date: Affidavit.....License.....M. Marriage.....M. Place of Marriage.....		Date: Affidavit.....License.....M. Marriage.....M. Place of Marriage.....	
Official.....Profession.....Witness.....		Official.....Profession.....Witness.....	
Period for solemnization of marriage begins at.....m. on the.....day of.....19.....and ends the.....day of.....19.....		Period for solemnization of marriage begins at.....m. on the.....day of.....19.....and ends the.....day of.....19.....	

Certified Copy
Date
Town Clerk

ACCEPTABLE
(New Jersey)

STATE OF NEW JERSEY

A0007399377

Local Registrar File No.

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF MARRIAGE

FOR STATE USE ONLY

For Instructions: See reverse side of last copy.

1. FULL NAME OF GROOM	[REDACTED]		
2. FULL MAIDEN NAME OF BRIDE	[REDACTED]		
3. PLACE OF MARRIAGE (MUNICIPALITY AND COUNTY)	[REDACTED]		
4. DATE OF MARRIAGE	[REDACTED]		
5a. PRINTED NAME OF PERSON PERFORMING CEREMONY	[REDACTED]		
5b. SIGNATURE OF PERSON PERFORMING CEREMONY	[REDACTED]		
5c. TITLE	ADDRESS	CITY	STATE ZIP CODE
6a. PRINTED NAME OF WITNESS	[REDACTED]		
6b. SIGNATURE OF WITNESS	[REDACTED]		
6c. ADDRESS	CITY	STATE	ZIP CODE
7a. PRINTED NAME OF WITNESS	[REDACTED]		
7b. SIGNATURE OF WITNESS	[REDACTED]		
7c. ADDRESS	CITY	STATE	ZIP CODE
8a. SIGNATURE OF LOCAL REGISTRAR	[REDACTED]		
8b. DATE RECEIVED	[REDACTED]		

MARRIAGE LICENSE

License No. [REDACTED]

9a. DATE OF APPLICATION	9b. TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	9c. PLACE OF APPLICATION - Municipality	[REDACTED]	
10a. DATE LICENSE ISSUED	10b. TIME LICENSE ISSUED	<input type="checkbox"/> AM <input type="checkbox"/> PM	11. EXPIRATION DATE	County	[REDACTED]
12a. PRINTED NAME OF LOCAL REGISTRAR	[REDACTED]		12b. SIGNATURE OF LOCAL REGISTRAR	[REDACTED]	
13a. FULL NAME OF MALE	[REDACTED]		22a. FULL NAME OF FEMALE	[REDACTED]	
13b. RESIDENCE ADDRESS	13c. COUNTY	[REDACTED]	22b. RESIDENCE ADDRESS	22c. COUNTY	[REDACTED]
13d. CITY	STATE	ZIP CODE	22d. CITY	STATE	ZIP CODE
14. DATE OF BIRTH	15. AGE	16. BIRTH PLACE	23. DATE OF BIRTH	24. AGE	25. BIRTH PLACE
17. DOMESTIC STATUS <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Former Domestic Partner <input type="checkbox"/> Former Civil Union Partner	18. NO. OF TIMES EVER MARRIED		26. DOMESTIC STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Former Domestic Partner <input type="checkbox"/> Former Civil Union Partner	27. NO. OF TIMES EVER MARRIED	
20a. PARENT'S FULL NAME AT BIRTH	20b. BIRTH PLACE	[REDACTED]	29a. PARENT'S FULL NAME AT BIRTH	29b. BIRTH PLACE	[REDACTED]
21a. PARENT'S FULL NAME AT BIRTH	21b. BIRTH PLACE	[REDACTED]	30a. PARENT'S FULL NAME AT BIRTH	30b. BIRTH PLACE	[REDACTED]

Number of previous marriages

REG-24
APR 10
H5542

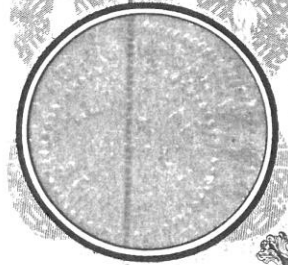
KATHLEEN P. KRUEGER, CMR
REGISTRAR
BOROUGH OF SHREWSBURY

DATE ISSUED: [REDACTED]

This is to certify that the above is correctly copied from a record on file in my office.

Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

Yamileth Contreras
Yamileth Contreras
Acting State Registrar
Office of Vital Statistics and Registry



REG-42A
OCT 11

THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD; VOID IF ALTERED

ACCEPTABLE (Connecticut)

V.S.-3
Rev. 5-83
Type or print plainly
with permanent black
ink.
Complete every item.

STATE OF CONNECTICUT
DEPARTMENT OF HEALTH SERVICES
Vital Records Section — Hartford, Connecticut 06106

STATE FILE NO. _____

LICENSE AND CERTIFICATE OF MARRIAGE: Town of Danbury

GROOM	GROOM'S NAME (First) (Middle) (Last)			AGE
	1. BIRTHPLACE (State or Foreign Country)		DATE OF BIRTH (Mo. Day Year)	RESIDENCE (No. and Street)
	3. COUNTY		4. STATE	5. RESIDENCE (No. and Street)
	7. FATHER'S NAME		8. STATE	
	10. MOTHER'S MAIDEN NAME		9. SUPERVISION OR CONTROL OF GUARDIAN OR CONSERVATOR	
	11. BIRTHPLACE (State or Foreign Country)		12. BIRTHPLACE (State or Foreign Country)	
	13. BIRTHPLACE (State or Foreign Country)		14. RACE	
	15. NO. OF THIS MARRIAGE		16. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY	
	17. DEATH		18. DIVORCE	
	19. ANNULMENT		20. EDUCATION (No. Yrs. Completed)	
BRIDE	BRIDE'S NAME (First) (Middle) (Last)			AGE
	22. BIRTHPLACE (State or Foreign Country)		DATE OF BIRTH (Mo. Day Year)	RESIDENCE (No. and Street)
	24. COUNTY		25. STATE	26. RESIDENCE (No. and Street)
	28. FATHER'S NAME		29. STATE	
	31. MOTHER'S MAIDEN NAME		30. SUPERVISION OR CONTROL OF GUARDIAN OR CONSERVATOR	
	32. BIRTHPLACE (State or Foreign Country)		33. BIRTHPLACE (State or Foreign Country)	
	34. BIRTHPLACE (State or Foreign Country)		35. RACE	
	36. NO. OF THIS MARRIAGE		37. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED BY	
	38. DEATH		39. DIVORCE	
	40. ANNULMENT		41. EDUCATION (No. Yrs. Completed)	
LICENSE	We, the above named in this Marriage License do solemnly swear that the statements herein made are true.			
	43. GROOM (Signature)		44. SWORN TO ME (Registrar)	
	45. THIS DAY OF (Mo., Day, Yr.)		46. THIS DAY OF (Mo., Day, Yr.)	
	47. BRIDE (Signature)		48. SWORN TO ME (Registrar)	
Town Registrar of Vital Statistics CERTIFICATIONS	This license certifies that the above-named persons have complied with the laws of Connecticut relating to a marriage license, and any person authorized to celebrate marriage may join the above-named in marriage in the town of _____.			
	49. ISSUING OFFICIAL (Signature)		50. THIS LICENSE DATE (Mo., Day, Yr.) MUST BE USED ON OR BEFORE	
	51. TITLE		52. DATE ISSUED (Mo., Day, Yr.)	
	53. I HEREBY CERTIFY THAT		54. AND	
	55. THE ABOVE-NAMED PARTIES WERE LEGALLY JOINED IN MARRIAGE BY ME IN THE TOWN OF _____		56. IN THE COUNTY OF _____	
	57. SIGNATURE OF PERSON PERFORMING CEREMONY		58. THIS DAY OF (Mo., Day, Yr.)	
OFFICIATOR	59. OFFICIAL CAPACITY		60. TYPE OF CEREMONY	
	61. SIGNATURE		62. DATE	
REGISTRAR	63. THIS CERTIFICATE RECEIVED FOR RECORD ON _____ Date: (Mo., Day, Yr.)		64. BY (Signature)	
	65. SIGNATURE		66. DATE	

I certify that this is a true transcript of the information on the vital record as recorded in this office.

Attest: _____ Registrar of Vital Statistics.

Dated: _____ Town of Danbury

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF MONTEREY

SALINAS, CALIFORNIA

ACCEPTABLE (California)

4-2007 27 000642

LICENSE AND CERTIFICATE OF MARRIAGE

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER

MUST BE LEGIBLE - MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

GROOM PERSONAL DATA

1A. NAME OF GROOM - FIRST (GIVEN), 1B. MIDDLE, 1C. LAST (FAMILY), 2. DATE OF BIRTH - MONTH, DAY, YEAR, 3A. RESIDENCE - STREET AND NUMBER, 3B. CITY, 3C. ZIP CODE, 3D. COUNTY - OUTSIDE CALIFORNIA ENTER STATE, 4. STATE OF BIRTH, 5. MAILING ADDRESS - IF DIFFERENT, 6. NUMBER OF PREVIOUS MARRIAGES, 7A. LAST MARRIAGE ENDED BY: DEATH, DISSOLUTION, ANNULMENT, 7B. DATE - MONTH, DAY, YEAR, 8A. USUAL OCCUPATION, 8B. USUAL KIND OF BUSINESS OR INDUSTRY, 8. EDUCATION - YEARS COMPLETED, 10A. FULL NAME OF FATHER, 10B. STATE OF BIRTH, 11A. FULL MAIDEN NAME OF MOTHER, 11B. STATE OF BIRTH

BRIDE PERSONAL DATA

12A. NAME OF BRIDE - FIRST (GIVEN), 12B. MIDDLE, 12C. CURRENT LAST (FAMILY), 12D. MAIDEN LAST (FAMILY) (IF DIFFERENT THAN 12C), 13. DATE OF BIRTH - MONTH, DAY, YEAR, 14A. RESIDENCE - STREET AND NUMBER, 14B. CITY, 14C. ZIP CODE, 14D. COUNTY - OUTSIDE CALIFORNIA ENTER STATE, 15. STATE OF BIRTH, 16. MAILING ADDRESS - IF DIFFERENT, 17. NUMBER OF PREVIOUS MARRIAGES, 18A. LAST MARRIAGE ENDED BY: DEATH, DISSOLUTION, ANNULMENT, 18B. DATE - MONTH, DAY, YEAR, 19A. USUAL OCCUPATION, 19B. USUAL KIND OF BUSINESS OR INDUSTRY, 20. EDUCATION - YEARS COMPLETED, 21A. FULL NAME OF FATHER, 21B. STATE OF BIRTH, 22A. FULL MAIDEN NAME OF MOTHER, 22B. STATE OF BIRTH

AFFIDAVIT

WE, THE UNDERSIGNED, AN UNMARRIED MAN AND UNMARRIED WOMAN, STATE THAT THE FOREGOING INFORMATION IS CORRECT AND TRUE TO THE BEST OF OUR KNOWLEDGE AND BELIEF. THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US, AND HEREBY APPLY FOR A LICENSE AND A CERTIFICATE OF MARRIAGE.

23. SIGNATURE OF GROOM, 24. SIGNATURE OF BRIDE

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF CALIFORNIA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. REQUIRED CONSENTS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.

25A. ISSUE DATE MONTH, DAY, YEAR, 25B. LICENSE EXPIRES AFTER MONTH, DAY, YEAR, 25C. LICENSE NUMBER, 25D. COUNTY OF ISSUE, 25E. NAME OF COUNTY CLERK, 25F. SIGNATURE OF DEPUTY CLERK (IF APPLICABLE), 25G. CITY, STATE, AND ZIP CODE, 25H. DEPUTY

WITNESS(ES) (ONE REQUIRED)

26A. SIGNATURE OF WITNESS, 26B. ADDRESS - STREET AND NUMBER, 26C. CITY, STATE, AND ZIP CODE, 27A. SIGNATURE OF WITNESS, 27B. ADDRESS - STREET AND NUMBER, 27C. CITY, STATE, AND ZIP CODE

CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE

28. I HEREBY CERTIFY THAT THE ABOVE-NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA, ON MONTH DAY YEAR, AT CITY OR TOWN COUNTY CALIFORNIA, 29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE, 29B. RELIGIOUS DENOMINATION (IF CLERGY), 29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT), 29D. OFFICIAL TITLE, 29E. MAILING ADDRESS, 29F. ZIP CODE

LOCAL REGISTRAR OF MARRIAGES (COUNTY RECORDER)

30A. SIGNATURE OF LOCAL REGISTRAR, 30B. SIGNATURE OF DEPUTY (IF APPLICABLE), 31. DATE ACCEPTED FOR REGISTRATION

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

Barcode and number *000810479*

STATE OF CALIFORNIA COUNTY OF MONTEREY } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Monterey County Clerk-Recorder

XOCHITL MARINA CAMACHO County Clerk-Recorder

DATE ISSUED 04/24/2024 ATTEST

This copy not valid unless prepared on engraved border displaying date, seal and signature of Deputy County Clerk-Recorder.



ACCEPTABLE (Florida)

APPLICATION NO. 91-002084

MARRIAGE RECORD FLORIDA



STATE OF FLORIDA, COUNTY OF MIAMI-DADE
 I HEREBY CERTIFY that the foregoing is a true and correct copy of the original on file in this office.
FEB 09 2023
 LUIS G. MONTALDO, Clerk Ad Interim of Circuit and County Courts
 Deputy Clerk
Claudia N. Alvarez 0692

GROOM DATA	1	GROOM'S NAME (First, Middle, Last) ALEXANDER NMN ROMAN			2 DATE OF BIRTH (Month, Day, Year) NOVEMBER 21, 1969	
		3a RESIDENCE - CITY, TOWN OR LOCATION 1370 ST. NICHOLAS AV NEW YORK CITY		3b COUNTY MANHATTAN		
BRIDE DATA	5a	BRIDE'S NAME (First, Middle, Last) INGRID VERONICA MUNOZ			6 DATE OF BIRTH (Month, Day, Year) JULY 2, 1967	
		5b MAIDEN SURNAME (if different)		6 BIRTHPLACE (State or Foreign Country) CHILE		
SWA OF BRIDE AND GROOM	7	7a RESIDENCE - CITY, TOWN OR LOCATION 1370 ST. NICHOLAS AV NEW YORK CITY			8 BIRTHPLACE (State or Foreign Country) CHILE	
		7b COUNTY MANHATTAN		7c STATE NEW YORK		
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY						
9 GROOM'S SIGNATURE (Sign full name) <i>Alexander Roman</i>			13 BRIDE'S SIGNATURE (Sign full name) <i>Ingrid Veronica Munoz</i>			
10 SUBSCRIBED AND SWORN TO BEFORE ME ON FEBRUARY 11, 1991			11 TITLE OF ISSUING OFFICIAL DEPUTY CLERK		14 SUBSCRIBED AND SWORN TO BEFORE ME ON FEBRUARY 11, 1991	
12 SIGNATURE OF ISSUING OFFICIAL <i>Sharon Moore</i>			16 SIGNATURE OF ISSUING OFFICIAL <i>Sharon Moore</i>			

LICENSE TO MARRY	15 COUNTY LICENSE TO MARRY		17 DATE LICENSE ISSUED FEBRUARY 11, 1991		21 I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM ARE BY ME IN MARRIAGE IN ACCORDANCE WITH THE CONSTITUTION AND LAWS OF THE STATE OF FLORIDA ON 2/14/91 AT MIAMI, FL	
	16 EXPIRATION DATE APRIL 11, 1991		22a SIGNATURE OF PERSON PERFORMING CEREMONY <i>Rosa Roberto</i>		22b NAME OF PERSON PERFORMING CEREMONY ROSA ROBERTO	
	18 THIS LICENSE MUST BE USED ON OR BEFORE THE ABOVE EXPIRATION DATE, IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.		22c TITLE Notary Public			
	19a SIGNATURE OF PERSON ISSUING LICENSE <i>Sharon Moore</i>		19b BY <i>SM SM</i>		22d ADDRESS 1015 SW 124 CT. Miami, FL 33184	
RECORDED	23 DATE RETURNED MAR 06 1991		26 RECORDED IN BOOK 347 PAGE 1171		23 SIGNATURE OF WITNESS TO CEREMONY <i>Alvora Alvarez</i>	
	27 CLERK OF COURT MARSHALL ADER		24 SIGNATURE OF WITNESS TO CEREMONY <i>Alvora Alvarez</i>			

INFORMATION BELOW WILL NOT APPEAR ON CERTIFICATION ISSUED BY VITAL STATISTICS, EXCEPT UPON REQUEST.

GROOM	28 RACE WHITE		29 NUMBER OF THIS MARRIAGE 1		30 PREVIOUSLY MARRIED (SPECIFY 30, 31) ---		30 LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT) ---		31 DATE LAST MARRIAGE ENDED ---	
	BRIDE	32 RACE WHITE		33 NUMBER OF THIS MARRIAGE 1		34 PREVIOUSLY MARRIED (SPECIFY 34, 35) ---		34 LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT) ---		35 DATE LAST MARRIAGE ENDED ---

HRS Form 74.3 Jan 89 (Obsolesces previous editions)

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

AUDIT CONTROL NO. **365718**



CERTIFICATION OF VITAL RECORD

ACCEPTABLE STATE OF MAINE (Maine)

2015-047

Photocopy for
Place of Issue

State of Maine License and Certificate of Marriage
Department of Health and Human Services

State File No.

PARTY A <input type="checkbox"/> Bride <input checked="" type="checkbox"/> Groom <input type="checkbox"/> Spouse (check one) <small>Please see reverse side for Parental Consent Form If Party A is under the age of 18 at the time of issue.</small>					
1a. First Name KIARAN	1b. Middle Name PATRICK	1c. Maiden/Birth Surname SPELLMAN	1d. Current Last Name SPELLMAN	1e. Jr., etc.	
2. Age Last Birthday 58	3. Date of Birth (MM/DD/YY) 10/29/56	4. Birthplace (State or Foreign Country) IRELAND	5. Sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	6. Residence - State NEW YORK	
7. County WESTCHESTER		8. City or Town BRONXVILLE	9. Street and Number 67 SOUTH ROCKLEDGE RD		
10. Father/Parent Name (First, MI, Last Name) PATRICK * SPELLMAN		11. Birthplace (State or Foreign Country) IRELAND	12. Mother/Parent Name (First, MI, Maiden/Birth Last Name) CHRIS * GUERIN		13. Birthplace (State or Foreign Country) IRELAND
PARTY B <input checked="" type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> Spouse (check one) <small>Please see reverse side for Parental Consent Form If Party B is under the age of 18 at the time of issue.</small>					
14a. First Name LISA	14b. Middle Name JAYNE	14c. Maiden/Birth Surname WHITE	14d. Current Last Name WHITE	14e. Jr., etc.	
15. Age Last Birthday 50	16. Date of Birth (MM/DD/YY) 03/29/65	17. Birthplace (State or Foreign Country) MASSACHUSETTS	18. Sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	19. Residence - State MASSACHUSETTS	
20. County MIDDLESEX		21. City or Town BILLERICA	22. Street and Number 158 CONCORD RD. APT. J16		
23. Father/Parent Name (First, MI, Last Name) KENNETH A. WHITE		24. Birthplace (State or Foreign Country) MASSACHUSETTS	25. Mother/Parent Name (First, MI, Maiden/Birth Last Name) JAYNE M. COUGHLIN		26. Birthplace (State or Foreign Country) MASSACHUSETTS
MARITAL STATUS SECTION					
Party A 27. Number of this Marriage First, Second, etc. (Specify) SECOND			Party B 29. Number of this Marriage First, Second, etc. (Specify) FIRST		
28. If Previously Married, Last Marriage Ended <input type="checkbox"/> Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment DATE: (MM/DD/YY) 07/29/13			30. If Previously Married, Last Marriage Ended <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment DATE: (MM/DD/YY)		
28a. Location/Name of Court ROCKLAND CO., NY/SUPREME CRT			30a. Location/Name of Court:		
Is Party A currently registered with the State of Maine as a Domestic Partner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Is Party B currently registered with the State of Maine as a Domestic Partner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I AM FREE TO MARRY UNDER THE LAWS OF MAINE					
31. Party A's Signature (Original Signature Required on State Form)			32. Party B's Signature (Original Signature Required on State Form)		
LICENSE TO MARRY (THIS SECTION TO BE COMPLETED BY CLERK) 33. Date Intentions Filed (MM/DD/YY) 06/01/15			34. Date License Issued (MM/DD/YY) 06/01/15		35. License Valid Until (MM/DD/YY) 08/30/15
36. Signature of Issuing Clerk <i>[Signature]</i>			37. City or Town of Issue OGUNQUIT		
CEREMONY SECTION					
THE LAWS OF MAINE PROVIDE THAT ONLY AUTHORIZED PERSONS MAY SOLEMNIZE MARRIAGES IN THIS STATE					
38. I certify that the above-named persons were married on: (MM/DD/YY) July 04, 2015		39. Where Married (City or Town) Ogunquit		40. County YORK	
41. Signature of Person Performing Ceremony <i>[Signature]</i>		42. Name (Type Print) Gale P. Beckwith		43. Title of Person Performing Ceremony Minister UCC	
44. Residence of Person Performing Ceremony (City/Town) 33 Lee Brook Rd Thornton, NH		45a. Date (Enter date of ordination or commission, or license admitted to Maine Bar) (Notary Public's use date commission expires) (MM/DD/YY) MARCH 12, 2015			
45b. Mailing address of Person Performing Ceremony PO BOX 795, CAMPTON, NH 03223					
46a. Signature of Witness to Ceremony <i>[Signature]</i>		46b. Type or clearly print name of witness Cheryl Brogan			
47a. Signature of Witness to Ceremony <i>[Signature]</i>		47b. Type or clearly print name of witness Trisha Spellman			
CLERK					
48. Registrar's or Municipal Clerk's Signature <i>[Signature]</i>			49. Date Filed (MM/DD/YY) 07/09/2015		

VS2-R122912

Black Ink Only

Original - State
Do Not Issue Original

Reduce For Certified Copies

Page 1 of 2

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE ABSTRACT OR COPY OF A CERTIFICATE OR RECORD WHICH IS IN MY OFFICIAL CUSTODY.

TOWN OF: **Ogunquit**

DATE ISSUED: **04/25/2024**

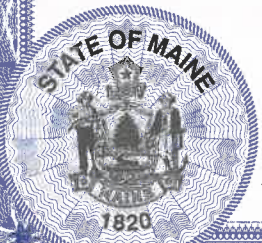
ATTEST: *[Signature]* - deputy clerk

STATE REGISTRAR/MUNICIPAL CLERK/STATE ARCHIVIST

This copy not valid unless the seal and signature of the Registrar displays.

VS-31

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



ACCEPTABLE
(Massachusetts)

Commonwealth of Massachusetts
United States of America

Certificate of Marriage

From the Records of Marriages in the Town of
ANDOVER, MASSACHUSETTS, U. S. A.

GROOM	BRIDE
Name	Name
Color White	Surname after Color White Marriage:
Residence	Residence
Age Years	Age Years
Occupation	Occupation
Place of Birth	Place of Birth
Name of Father	Name of Father
Name of Mother	Name of Mother
No. of Marriage	No. of Marriage
Place and Date of Marriage	
By Whom Married	

Date of Record

I, depose and say that I hold the office of Town Clerk of the Town of Andover, County of Essex and Commonwealth of Massachusetts; that the records of Births, Marriages and Deaths required by law to be kept in said Town are in my custody, and that the above is a true extract from the records of Marriages in said Town, as certified by me.

WITNESS my hand

on the day of 19

[Handwritten Signature]

TOWN CLERK.

ACCEPTABLE (Massachusetts)



City of Quincy, Massachusetts

Mayor James R. McIntyre City Hall
1305 Hancock Street
Quincy, Massachusetts 02169



Office of the City Clerk
JOSEPH P. SHEA
City Clerk

MAUREEN L. HALLSEN
Assistant City Clerk

TEL: (617) 376-1131
FAX: (617) 376-1139
TTY: (617) 376-1375

The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS
CERTIFICATE OF MARRIAGE

(State file number) _____
(City or town making return) _____
Registered No. _____
Intention No. _____

1 Place of Marriage _____
City or Town _____ (Do not enter name of village or section of city or town)

2 Date of Marriage _____ (Month) _____ (Day) _____ (Year)

3 FULL NAME PARTY A		11 FULL NAME PARTY B	
3A SURNAME AFTER MARRIAGE		11A SURNAME AFTER MARRIAGE	
4 DATE OF BIRTH	5 OCCUPATION	12 DATE OF BIRTH	13 OCCUPATION
6 RESIDENCE NO. & ST. CITY/TOWN ST. ZIP CODE		14 RESIDENCE NO. & ST. CITY/TOWN ST. ZIP CODE	
7 NUMBER OF MARRIAGE (1st, 2nd, 3rd, etc.)	7A WIDOWED OR DIVORCED	15 NUMBER OF MARRIAGE (1st, 2nd, 3rd, etc.)	15A WIDOWED OR DIVORCED
8 BIRTHPLACE (City or town) (State or country)		16 BIRTHPLACE (City or town) (State or country)	
9 NAME OF MOTHER/PARENT		17 NAME OF MOTHER/PARENT	
10 NAME OF FATHER/PARENT		18 NAME OF FATHER/PARENT	

19 THE INTENTION OF MARRIAGE by the above-mentioned persons was duly entered by me in the records of the Community of _____ (Name of Community) according to law this _____ day of _____ 20____.

COURT WAIVER issued _____ (Month) _____ (Day) _____ (Year) by _____ (City or Town Clerk or Registrar)

AGE ORDER

20 I HEREBY CERTIFY that I solemnized the marriage of the above-named persons at No. _____ St. _____ (If marriage was solemnized in a church, give its NAME instead of street and number) _____ (Month) _____ (Day) _____ (Year)

Signature _____ (Member of the Clergy, Priest, Rabbi, Imam, or Justice of the Peace, etc.)
(Print or type name)

Address _____

21 Certificate recorded by city or town clerk _____ (Month) _____ (Day) _____ (Year) CLERK OR REGISTRAR _____

22 PARTY A SEX: MALE FEMALE

23 PARTY B SEX: MALE FEMALE



I, Joseph P. Shea, hereby certify that I hold the office of the City Clerk of Quincy in the County of Norfolk, and Commonwealth of Massachusetts; That the Records of Birth, Marriages, and Deaths are in my custody and that the above is a True Copy from the records as certified by me.

Witness My Hand and Seal of the City of Quincy _____

Joseph P. Shea, City Clerk _____

ACCEPTABLE
(Pennsylvania)

COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF HEALTH - VITAL RECORDS
MARRIAGE RECORD

County Issuing Lic. Where Married City/Boro/Twp County Date Married
CLEARFIELD BIGLER, PA CLEARFIELD

Person Performing Ceremony Title Address of Person Performing Ceremony

STATEMENT OF MALE	:	STATEMENT OF FEMALE
Name	:	Name
	:	Maiden Surname (If Different)
Residence - City, Boro, Township	:	Residence - City, Boro, Township
County State	:	County State
Birthplace Date of Birth Age	:	Birthplace Date of Birth Age
Marriage If Prev. Last Marriage Ended	:	Marriage If Prev. Last Marriage Ended
Number Reason Ended Date Ended	:	Number Reason Ended Date Ended
	:	Education
	:	Elem/Sec College
	:	12 1
Usual Occupation	:	Usual Occupation
SELF-EMPLOYED	:	SALES-PROMOTIONS
Fathers Name	:	Fathers Name
Fathers Birthplace	:	Fathers Birthplace
Mothers Name	:	Mothers Name
Maiden Surname Mothers Birthplace	:	Maiden Surname Mothers Birthplace
Fathers Residence P	:	Fathers Residence
Fathers Occupation	:	Fathers Occupation
Mothers Residence	:	Mothers Residence
Mothers Occupation	:	Mothers Occupation

License Issued Filed By Local Official Signature & Title of Local Official

Karen L. Starch

Relationship of parties making this application, if any.
NONE

We, the undersigned, in accordance with the statements hereinabove contained, the fact set forth wherein we and each of us do solemnly swear are true and correct to the best of our knowledge, information, and belief, do hereby make application to the Clerk of the Orphans Court of Clearfield County, for a license to marry.

Signature of MALE Applicant

Signature of FEMALE Applicant

Sworn and subscribed before me this 15th day of May A.D. 1998

PREMARITAL FORMS FILED

Karen L. Starch
(Clerk of Orphans Court) (SEAL)

My Commission Expires

SHORT FORM
(Not acceptable)

(Name of Officiant and number of marriages missing)

THE CITY OF NEW YORK
OFFICE OF THE CITY CLERK
MARRIAGE LICENSE BUREAU

License Number

Certificate of Marriage Registration

This Is To Certify That [REDACTED]

residing at [REDACTED]

born on [REDACTED] at [REDACTED]

and [REDACTED] New Surname: [REDACTED]

residing at [REDACTED]

born on [REDACTED] at [REDACTED]

Were Married

on [REDACTED] at [REDACTED]


By [REDACTED]

as shown by the duly registered license and certificate of marriage of said persons on file in this office.

CERTIFIED THIS DATE AT THE CITY CLERK'S OFFICE

[REDACTED] N. Y. June [REDACTED] 20 [REDACTED]

PLEASE NOTE: Facsimile Signature and seal are printed pursuant to Section 11-A, Domestic Relations Law of New York.


City Clerk of the City of New York

SHORT FORM
(Not acceptable)

(Name of Officiant and number of marriages missing)



L5563070

New York State Department of Health
Certified Transcript of Marriage

District Name _____
District No. _____
Local Register No. _____

This is to certify that the persons identified below were married on the date and at the place specified as shown by the duly registered license and certificate of marriage on file in this office

Bride/Groom/Spouse

Name _____
First Middle Premarriage Surname Birth Name
(if different from premarriage surname)
 Check box if same as premarriage surname.

New Surname (if applicable) _____

Residing at _____

Date of Birth _____ Place of Birth _____
Month Day Year City, Town or Village/State or Country

Bride/Groom/Spouse

Name _____
First Middle Premarriage Surname Birth Name
(if different from premarriage surname)
 Check box if same as premarriage surname.

New Surname (if applicable) _____

Residing at _____

Date of Birth _____ Place of Birth _____
Month Day Year City, Town or Village/State or Country

Date of Marriage _____ Place of Marriage _____, New York
Month Day Year City, Town or Village

Town or City Clerk _____
Month Day Year



_____ marriage was a second or subsequent ceremony.

Do not accept this transcript unless the raised seal of the issuing locality is affixed thereon.

Any Alteration Invalidates This Certificate

See Reverse Side For A List of Security Features Used In This Form

DOH-4122 (7/2011)

SEE REVERSE SIDE FOR LIST OF SECURITY FEATURES