

# METROPOLITAN TRIBUNAL ARCHDIOCESE OF NEW YORK



## PETITION FOR A DECLARATION OF INVALIDITY DUE TO LACK OF CANONICAL FORM (canon 1108)

### PROCEDURES FOR A DECLARATION OF INVALIDITY

1. A Petition for a declaration of invalidity is to be made when it is claimed that at least one party to a marriage is bound by the Catholic form of marriage, that the marriage in question did not take place or was not validated in the presence of a Catholic priest/deacon, and that a dispensation from form was not obtained.
2. A separate Petition is to be made for each marriage attempted by the applicant.
3. The Petition for a declaration of invalidity and the original documents indicated in the Petition are to be sent to the Tribunal by mail. Those documents will be returned. The declaration will be sent to the priest/deacon. If there is a need for further investigation, a member of the Tribunal will inform the priest/deacon of the nature of this investigation.
4. It is essential that the certificate of marriage indicate the official capacity of the person who assisted at the marriage, i.e., minister, rabbi, or civil official.
5. The priest/deacon will review the details of the marriage so that he may be assured there has been no subsequent validation or sanation.

#### **\*\* PLEASE NOTE:**

**As of November 1, 2023, there will be a \$100 fee for declaration of invalidity due to lack of canonical form.**



METROPOLITAN TRIBUNAL  
ARCHDIOCESE OF NEW YORK  
1011 First Avenue  
New York, N.Y. 10022

**DECLARATION OF INVALIDITY  
DUE TO LACK OF CANONICAL FORM  
CANON 1108**

**PETITION**

(Kindly print or type answers)

\_\_\_\_\_, a \_\_\_\_\_ married  
First name – Maiden name if woman – Last name Religion

\_\_\_\_\_, a \_\_\_\_\_ in  
First name – Maiden name if woman – Last name Religion

\_\_\_\_\_, on \_\_\_\_\_  
Specify County City State Day Month Year

In the presence of a (check one) \_\_\_\_\_ minister \_\_\_\_\_ rabbi \_\_\_\_\_ civil official.

The present name and address of the person I married is: \_\_\_\_\_

Full Name

This information is especially important  
if the other party is bound to the form or  
if the priest has reasons to think that the  
marriage has been validated or sanated.

House number and street

City State Zip code

**I submit that this marriage is invalid because (check one) I, myself \_\_\_\_\_ the other party \_\_\_\_\_ was baptized Roman Catholic prior to the wedding, never obtained a dispensation from canonical form, and never validated the marriage in the Catholic Church.**

As proof of the foregoing (**the priest must send the original certificates to the Tribunal with this Petition; they will be returned**) I enclose the following:

1. Recent certificate of Catholic baptism (showing notations/lack thereof on front and back);
2. Certificate of marriage in which the **name and title of the officiant** is given. (**See examples, last 2 pages**)  
This information is essential to your case. The petition will not be processed until you provide it.

I have (check one) \_\_\_\_\_ a civil divorce \_\_\_\_\_ civil annulment

The priest **must see** the civil divorce or civil annulment. This is not to be sent to the Tribunal.

I wish to contract marriage with \_\_\_\_\_  
Full Name

House number and street City State Zip Code

**I HAVE READ THIS PETITION CAREFULLY AND I SOLEMNLY SWEAR THAT THE FOREGOING STATEMENTS ARE TRUE.**

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

House number and street City State Zip Code

I, the undersigned priest/deacon have seen the divorce decree and have (check one):

**no reason** \_\_\_\_\_ **reasons** \_\_\_\_\_ to believe that this marriage was validated in the Catholic Church.

SEAL  
OF  
CHURCH

Name \_\_\_\_\_

Parish \_\_\_\_\_

Address \_\_\_\_\_

Phone (Parish) \_\_\_\_\_

Cell (Priest) \_\_\_\_\_

Email (Priest) \_\_\_\_\_

IF A DISPENSATION FROM THE CANONICAL FORM of marriage was granted prior to the wedding, this Petition can NOT be used.

IF THE MARRIAGE WAS SUBSEQUENTLY CONVALIDATED OR SANATED, this Petition can NOT be used.

SPECIAL CIRCUMSTANCES the Tribunal should know:

\_\_\_\_\_  
\_\_\_\_\_

DO NOT commit to a date for the wedding

Please check that the following are enclosed. If any are missing, the petition will be returned.

- ☐ \$100 application fee. Check made payable to the **Archdiocese of NY.**
- ☐ Marriage certificate with the name of the officiant and the number of previous marriages.
- ☐ Recent certificate of Catholic baptism (showing notations/lack thereof on front and back);

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS SPACE IS RESERVED FOR TRIBUNAL USE ONLY**

***DECLARATION OF INVALIDITY***

I, the undersigned Judicial Vicar, am convinced that the proofs presented indicate that the marriage in question is invalid by reason of Lack of Canonical Form.

Name \_\_\_\_\_ Date \_\_\_\_\_

# LONG FORM (Acceptable)

COUNTY [REDACTED]  
CITY/TOWN [REDACTED]  
DISTRICT [REDACTED]  
NUMBER [REDACTED]  
REGISTER [REDACTED]  
NUMBER [REDACTED]

## 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

TOWN CLERK, TOWN OF RYE

### FROM THE GROOM

- 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 36. 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  
A. NUMBER OF 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  
(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE  
1ST ☐ ☐  
2ND ☐ ☐  
3RD ☐ ☐  
4TH ☐ ☐

- 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 36. 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  
A. NUMBER OF 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  
(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE  
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 [REDACTED] USE CURRENT NAME  
22. SIGNATURE OF BRIDE [REDACTED] USE CURRENT NAME  
23. SUBSCRIBED AND SWORN TO/AFFIRMED BEFORE ME [REDACTED] DATE [REDACTED]  
SIGNATURE OF TOWN OR CITY CLERK

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) [REDACTED] DATE [REDACTED]  
SIGNATURE [REDACTED]  
MAILING ADDRESS [REDACTED]  
STREET CITY/TOWN STATE ZIP  
25. A. SOLEMNIZATION PERIOD BEGINS TIME MONTH DAY YEAR  
AM PM [REDACTED]  
25. B. SOLEMNIZATION PERIOD ENDS AT MIDNIGHT ON: MONTH DAY YEAR

I CERTIFY THAT I SOLEMNIZED THE MARRIAGE OF THE PERSONS NAMED ABOVE ON THE DATE AND AT THE TIME AND PLACE INDICATED.  
26. SOLEMNIZATION OCCURRED TIME MO. DAY YEAR AM PM [REDACTED]  
27. TYPE OF CEREMONY 0 ☒ RELIGIOUS 1 ☐ CIVIL  
9 ☐ OTHER, SPECIFY [REDACTED]

28. PLACE WHERE MARRIAGE OCCURRED  
A. STATE [REDACTED] B. COUNTY [REDACTED]  
C. LOCATION OF CEREMONY (CHECK ONE AND SPECIFY)  
☐ CITY OF ☐ TOWN OF ☒ VILLAGE OF  
SPECIFY [REDACTED]

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

30. WITNESS TO CEREMONY  
NAME (PRINT) [REDACTED]  
SIGNATURE [REDACTED]  
31. WITNESS TO CEREMONY  
NAME (PRINT) [REDACTED]  
SIGNATURE [REDACTED]

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

22 Island Heights, Springfield, Connecticut, 06892

AFFIDAVIT

LICENSE

CERTIFICATE

NOTE: OFFICIANT MUST SIGN IN PRESENCE OF SOLEMNIZATION



SAFEGUARD

Previous marriages:

Name of Officiant



**EXTENDED FORM**  
(Acceptable)  
with # of previous marriages

[Redacted]	<b>THE CITY OF NEW YORK OFFICE OF THE CITY CLERK MARRIAGE LICENSE BUREAU</b>	License Number [Redacted]
<b>Certificate of Marriage Registration</b>		
<p>This Is To Certify That [Redacted]</p> <p>residing at [Redacted]</p> <p>born on [Redacted] at [Redacted]</p> <p>and [Redacted]</p> <p>residing at [Redacted]</p> <p>born on [Redacted] at [Redacted]</p> <p style="text-align: center;"><b>Were Married</b></p> <p>on [Redacted] at Office of The City Clerk 851 Grand Concourse, Room # B-131 NYC, NY 10451</p> <p>Witnessed by [Redacted]</p> <p><b>Name of officiant</b> By Name of officiant</p> <p><b>Number of previous marriages</b>: (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.</p> <p style="text-align: center;">CERTIFIED THIS DATE AT THE CITY CLERK'S OFFICE</p> <p style="text-align: center;">Bronx N. Y. [Redacted] 20</p>		
<p>PLEASE NOTE: Facsimile Signature and seal are printed pursuant to Section 11-A, Domestic Relations Law of New York.</p> <div style="display: flex; justify-content: space-around; align-items: center;"><div style="text-align: center;"> <b>Michael McSwane</b> City Clerk of the City of New York</div></div>		

CET-F



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

**MARRIAGE LICENSE**

License No.

9a. DATE OF APPLICATION	9b. TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	9c. PLACE OF APPLICATION - Municipality	10. EXPIRATION DATE	
10a. DATE LICENSE ISSUED	10b. TIME LICENSE ISSUED	<input type="checkbox"/> AM <input type="checkbox"/> PM	County		
12a. PRINTED NAME OF LOCAL REGISTRAR			12b. SIGNATURE OF LOCAL REGISTRAR		
13a. FULL NAME OF MALE			22a. FULL NAME OF FEMALE		
13b. RESIDENCE ADDRESS			13c. COUNTY	22b. RESIDENCE ADDRESS	22c. COUNTY
13d. CITY			STATE	ZIP CODE	22d. CITY
14. DATE OF BIRTH			15. AGE	16. BIRTH PLACE	23. DATE OF BIRTH
17. DOMESTIC STATUS			<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Former Domestic Partner <input type="checkbox"/> Former Civil Union Partner	24. AGE	25. BIRTH PLACE
18. NO. OF TIMES EVER MARRIED			19. MAIDEN NAME OF MOST RECENT WIFE, IF ANY	27. NO. OF TIMES EVER MARRIED	28. NAME OF MOST RECENT HUSBAND, IF ANY
20a. PARENT'S FULL NAME AT BIRTH			20b. BIRTH PLACE	29a. PARENT'S FULL NAME AT BIRTH	
21a. PARENT'S FULL NAME AT BIRTH			21b. BIRTH PLACE	29b. BIRTH PLACE	

Number of  
previous marriages

REG-24  
APR 10  
H5542

KATHLEEN P. KRUEGER, CMR  
REGISTRAR  
BOROUGH OF SHREWSBURY

DATE ISSUED:

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




**SHORT FORM**  
(Not acceptable)

(Name of Officiant and number of marriages missing)

<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; background-color: black;"></div>	<p>THE CITY OF NEW YORK OFFICE OF THE CITY CLERK MARRIAGE LICENSE BUREAU</p>	<p>License Number</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; background-color: black;"></div>
<p><b>Certificate of Marriage Registration</b></p>		
<p>This Is To Certify That <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>residing at <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>born on <span style="background-color: black; color: black;">[REDACTED]</span> at <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>and <span style="background-color: black; color: black;">[REDACTED]</span> New Surname: <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>residing at <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>born on <span style="background-color: black; color: black;">[REDACTED]</span> at <span style="background-color: black; color: black;">[REDACTED]</span></p> <p style="text-align: center;"><b>Were Married</b></p> <p>on <span style="background-color: black; color: black;">[REDACTED]</span> at <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>By <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>as shown by the duly registered license and certificate of marriage of said persons on file in this office.</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"><p>CERTIFIED THIS DATE AT THE CITY CLERK'S OFFICE</p><p><span style="background-color: black; color: black;">[REDACTED]</span> N. Y. June <span style="background-color: black; color: black;">[REDACTED]</span> 20 <span style="background-color: black; color: black;">[REDACTED]</span></p></div>		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 30%;"><p>PLEASE NOTE: Facsimile Signature and seal are printed pursuant to Section 11-A, Domestic Relations Law of New York.</p></div><div style="width: 30%; text-align: center;"></div><div style="width: 30%; text-align: right;"><div style="background-color: black; width: 150px; height: 40px; margin: 0 auto;"></div><p>City Clerk of the City of New York</p></div></div>		

**SHORT FORM**  
(Not acceptable)

(Name of Officiant and number of marriages missing)

 *L5563070*	
New York State Department of Health <b>Certified Transcript of Marriage</b>	
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	
<b>Bride/Groom/Spouse</b>	
Name	Birth Name
First Middle Premarriage Surname	(if different from premarriage surname)
<input type="checkbox"/> 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
<b>Bride/Groom/Spouse</b>	
Name	Birth Name
First Middle Premarriage Surname	(if different from premarriage surname)
<input type="checkbox"/> 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
Month Day Year	City, Town or Village, New York
Town or City Clerk	Month Day Year
marriage was a second or subsequent ceremony.	
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	