

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 20, 2016, there will be a \$75 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

The undersigned priest/deacon (check one):

Has no reason _____ has reason _____ 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.

Observations _____

If known, please indicate date of upcoming ceremony _____

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

- ☐ \$75 application fee. Check made payable to the Archdiocese of New York.
- ☐ Marriage certificate with the name of the officiant.
- ☐ 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

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

22 Island Heights, Stamford, Connecticut, 06902

AFFIDAVIT

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 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 ☐ ☐

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 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 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) DATE
SIGNATURE 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

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
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 MAILING ADDRESS
STREET CITY/TOWN STATE ZIP



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

NOTE: OFFICIANT MUST RETURN
CERTIFICATE OF MARRIAGE
IN 8 DAYS OF SOLEMNIZATION.


SAFEGUARD

DOH-00 (1/77) (NY)







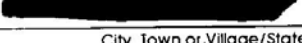



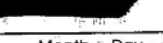
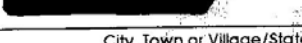



EXTENDED FORM
(Acceptable)
with # of previous marriages

[Redacted]	THE CITY OF NEW YORK OFFICE OF THE CITY CLERK MARRIAGE LICENSE BUREAU	License Number [Redacted]
Certificate of Marriage Registration		
<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;">Were Married</p> <p>on [Redacted] at Office of The City Clerk By Name of officiant 851 Grand Concourse, Room # B-131 NYC, NY 10451</p> <p>Witnessed by [Redacted]</p> <p># 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.</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">CERTIFIED THIS DATE AT THE CITY CLERK'S OFFICE Bronx N.Y. [Redacted] 20</div>		
<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;"> Michael McSwane City Clerk of the City of New York</div></div>		

SHORT FORM
(Not acceptable)

<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; background-color: black;"></div>	THE CITY OF NEW YORK OFFICE OF THE CITY CLERK MARRIAGE LICENSE BUREAU	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; background-color: black;"></div> <p style="font-size: small; margin: 0;">License Number</p>
<h2 style="margin: 0;">Certificate of Marriage Registration</h2>		
<p>This Is To Certify That [REDACTED]</p> <p>residing at [REDACTED]</p> <p>born on [REDACTED] at [REDACTED]</p> <p>and [REDACTED] New Surname: [REDACTED]</p> <p>residing at [REDACTED]</p> <p>born on [REDACTED] at [REDACTED]</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Were Married</p> <p>on [REDACTED] at [REDACTED]</p> <p>By [REDACTED] [REDACTED]</p> <p style="margin-top: 20px;">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; margin-top: 10px;"><p>CERTIFIED THIS DATE AT THE CITY CLERK'S OFFICE</p><p>[REDACTED] N. Y. June [REDACTED] 20 [REDACTED]</p></div>		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 30%; font-size: x-small;"><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)

New York State Department of Health Certified Transcript of Marriage		 *L5563070*	
		District Name 	
		District No. 	
		Local Register No. 	
<p><i>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</i></p>			
Bride/Groom/Spouse			
Name 			
First		Middle	Birth Name (if different from premarriage surname)
Premarriage Surname		<input type="checkbox"/> Check box if same as premarriage surname.	
New Surname (if applicable) 			
Residing at 			
Date of Birth 		Place of Birth 	City, Town or Village/State or Country
Month		Day	Year
Bride/Groom/Spouse			
Name 			
First		Middle	Birth Name (if different from premarriage surname)
Premarriage Surname		<input type="checkbox"/> Check box if same as premarriage surname.	
New Surname (if applicable) 			
Residing at 			
Date of Birth 		Place of Birth 	City, Town or Village/State or Country
Month		Day	Year
Date of Marriage 		Place of Marriage 	City, Town or Village, New York
Month		Day	Year
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			