



ARCHDIOCESE OF
NEW ORLEANS

Metropolitan Tribunal

7887 Walmsley Avenue, New Orleans, LA 70125
(Phone): 504-861-6291 (Fax): 504-861-9525

PARTIES' INFORMATION FORM
(Type or Print)

PETITIONER: PREFIX (check one) Mr. Mrs. Ms. Dr. Other

NAME:

First Middle (Maiden, if woman) Last

ADDRESS:

Street/P.O. Box

City State Zip Code

PHONE:

() () ()
Home Work Cell

RELIGION:

CATHOLIC ARCH/DIOCESE

BIRTH:

Date: Month Day Year

City State Zip Code

BAPTISM:

Date: Month Day Year

Name of Church

Street or P.O. Box

City State Zip Code

PERSONAL:

Years of Education Profession/Occupation

Father: Name Religion

Mother: Name Religion

RESPONDENT: PREFIX (check one) ___ Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Other

NAME: _____
First Middle (Maiden, if woman) Last

ADDRESS: _____
Street/P.O. Box

City State Zip Code

PHONE: (____) _____ (____) _____ (____) _____
Home Work Cell

RELIGION: _____ **CATHOLIC ARCH/DIOCESE** _____

BIRTH: Date: _____ Month _____ Day _____ Year _____
City _____ State _____ Zip Code _____

BAPTISM: Date: _____ Month _____ Day _____ Year _____
Name of Church _____
Street or P.O. Box _____
City _____ State _____ Zip Code _____

PERSONAL: _____ Years of Education _____ Profession/Occupation _____

Father: _____
Name Religion

Mother: _____
Name Religion

RESPONDENT'S ADVOCATE (For Tribunal Use Only)

PREFIX (check one) ___ Fr. ___ Deacon ___ Sr. ___ Mr. ___ Mrs. ___ Ms. ___ Dr.

NAME: _____ **TELEPHONE:**
First Middle Last

ADDRESS: _____
Street/P.O. Box

City State Zip Code (9 digits)
Home: _____
Work: _____
Cell: _____
E-mail: _____

INFORMATION CONCERNING PRIOR MARRIAGES

Yes **No** Were you, the **Petitioner**, married prior to this marriage? How many times? _____

Name _____ Date of Marriage _____ Place of Marriage _____

Date of Divorce _____

The Presider was (check one)

Priest Deacon Minister Rabbi Civil Official

If Spouse Deceased:

Name _____

Date of death _____

Was a Declaration of Nullity granted for this marriage?

Yes **No** **If yes provide the following information:**

_____ Diocese granting the Declaration of Nullity _____ Protocol Number

_____ State the names of the Petitioner and the Respondent

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Yes **No** Was your former spouse married prior to this marriage? How many times? _____

Name _____ Date of Marriage _____ Place of Marriage _____

Date of Divorce _____

The Presider was (check one)

Priest Deacon Minister Rabbi Civil Official

If Spouse Deceased:

Name _____

Date of death _____

Was a Declaration of Nullity granted for this marriage?

Yes **No** **If yes provide the following information:**

_____ Diocese granting the Declaration of Nullity _____ Protocol Number

_____ State the names of the Petitioner and the Respondent

MARRIAGE

Church/Place: _____

Address: _____
Street or P.O. Box

City State Zip Code (9 digits)

Date of Marriage: _____
Date Month Day Year

Officiant (Check one): Priest Deacon Minister
 Civil Official Rabbi Other (specify)

AGE AT THE TIME OF MARRIAGE _____ Petitioner _____ Respondent

DISPENSATION: _____ Form _____ Place _____ Minister _____ Disparity of Worship

Granted by: (Arch)diocese: _____ Prot. No.: _____ Date: _____

PRENUPTIAL AGREEMENT: _____ No ___ Yes If yes, attach a copy.

COURTSHIP AND MARRIAGE: Complete each blank.

_____ Yrs _____ Mos. Dating Period (**prior to engagement**)

_____ Yrs _____ Mos. Length of Engagement Period

_____ Yrs _____ Mos. Length of Marriage

If later blessed by the Catholic Church: date of civil marriage _____ date of validation _____

_____ Yrs _____ Mos. Length of **MARITAL** Cohabitation (**Length of time actually lived as husband and wife**)

_____ Number of Temporary Separations (**Excluding final separation**)

_____ Number of Children
Dates of Birth:

Petitioner's Church Parish _____

DIVORCE DECREE

Parish/Civil County State Date of judgment Court

Decree Number: _____ Plaintiff for civil divorce: _____

If there is a companion case, give the following information:		
_____	_____	_____
Petitioner	Respondent	Protocol Number

PETITIONER'S CURRENT MARITAL STATUS

- The Petitioner is engaged to _____ . Her/his religion is _____ .
- Petitioner is already remarried to _____ . His/her religion is _____ .
- Petitioner is not a Roman Catholic but plans to become one.
- Petitioner's present spouse is not a Roman Catholic but plans to become one.

(Signed) _____, Petitioner

(Date) _____