



**MARRIAGE TRIBUNAL**  
**Catholic Pastoral Centre**  
 1155 Yonge Street Suite 300  
 Toronto, Ontario M4T 1W2  
 (416) 934-3423 FAX: (416) 934-3426

**PRELIMINARY APPLICATION**

<i>For office use only:</i>		
Prot. N.		Date Received
<i>Processus</i>	Brevis <input type="checkbox"/>	Documento <input type="checkbox"/>
		Tralaticius <input type="checkbox"/>
<b>Yourself</b>		<b>Your Ex-Spouse</b>
	Present Name	
	Birth Name	
	Apartment and Street Number	
	City and Province	
	Postal Code	
	Home Phone	
	Work/Cell Phone	
	Email	
	Occupation	
	Date of Birth	
	Place of Birth	
	Present Religion	
	Previous Religion	
	Date of Baptism	
	Parish of Baptism and Denomination	
	Church Address	
	Father's Name	
	Mother's Maiden Name	
	Present Names of Parents	
	Address of Parents	
	Telephone of Parents	

<b>Information about the courtship</b>
Date (approximate) when you and your ex-spouse met:
Date (approximate) when you and your ex-spouse began dating:
Date (approximate) when you and your ex-spouse became engaged:

<b>Information about the wedding</b>
Date of Marriage:
Place of Marriage: <i>(name, address, and denomination of church or other location)</i>
Was this the first marriage for both of you? <i>(If not, give the names, dates, and places of other marriages)</i>

<b>Were there any children resulting from this relationship?</b>	
Full Name	Date of Birth or Adoption

<b>Date of final separation:</b>	
<b>Effective date and place of civil divorce (<u>attach copy</u>)</b>	
Effective Date:	Place:

Is your ex-spouse also petitioning? If yes:

Signature of Applicant:	Date:
Signature of Co-Applicant	Date:

## MARITAL HISTORY

1. What do you see as the fundamental problem(s) in your marriage?

### A. FAMILY HISTORY

2. Were there problems in your family background? <i>(check all and briefly explain)</i>		
No problems	<input type="checkbox"/>	
Sexual abuse	<input type="checkbox"/>	
Physical abuse	<input type="checkbox"/>	
Infidelity	<input type="checkbox"/>	
Alcoholism/drug use	<input type="checkbox"/>	
Mental illness	<input type="checkbox"/>	
Divorce/separation	<input type="checkbox"/>	
Financial problems	<input type="checkbox"/>	
Other problems: <i>(please explain)</i>		

3. Were there problems in your ex-spouse's family background? <i>(check all and briefly explain)</i>		
No problems	<input type="checkbox"/>	
Sexual abuse	<input type="checkbox"/>	
Physical abuse	<input type="checkbox"/>	
Infidelity	<input type="checkbox"/>	
Alcoholism/drug use	<input type="checkbox"/>	
Mental illness	<input type="checkbox"/>	
Divorce/separation	<input type="checkbox"/>	
Financial problems	<input type="checkbox"/>	
Other problems: <i>(please explain)</i>		

4. Describe your personal life before marriage: <i>(briefly answer each)</i>	
Education completed:	
Work history:	
Substance abuse issues:	
Mental illness:	
Serious financial issues:	
Health issues:	
Other problems: <i>(please explain)</i>	

5. Describe your ex-spouse's personal life before marriage: <i>(briefly answer each)</i>	
Education completed:	
Work history:	
Substance abuse issues:	
Mental illness:	
Serious financial issues:	
Health issues:	
Other problems: <i>(please explain)</i>	

6. What is your and your ex-spouse's previous relationship history? <i>(answer briefly)</i>		
	<b>You</b>	<b>Your Ex-Spouse</b>
a. Did you or your ex-spouse have previous serious dating experiences? <i>(briefly explain)</i>		
b. Were you or your ex-spouse ever in a previous engagement? If yes, what was the reason for termination?		

**B. COURTSHIP**

7. Were there any problems, breakups, or infidelity in the courtship with your ex-spouse? <i>(explain)</i>	

**C. ENGAGEMENT**

8. Why did you and your spouse decide to get married? <i>(check all and briefly explain)</i>		
Love	<input type="checkbox"/>	
Immigration	<input type="checkbox"/>	
Already living together	<input type="checkbox"/>	
Legitimize children	<input type="checkbox"/>	
Avoid premarital sex	<input type="checkbox"/>	
Fear	<input type="checkbox"/>	
Culturally arranged marriage	<input type="checkbox"/>	
Have a family	<input type="checkbox"/>	
Age	<input type="checkbox"/>	
Financial reasons (ex. tax purposes)	<input type="checkbox"/>	
Pregnancy	<input type="checkbox"/>	
Force	<input type="checkbox"/>	
Family pressure	<input type="checkbox"/>	
Only way to leave home	<input type="checkbox"/>	
Other reasons: <i>(please explain)</i>	<input type="checkbox"/>	
	<input type="checkbox"/>	



17. Was there more than one marriage ceremony (civil, non-Christian, etc.)? <i>(If yes, continue)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. What was the non-Catholic ceremony?		
b. Which one occurred first?		
c. At which point did you consider yourself married?		
d. At which point did your spouse consider him/herself married?		
e. Why did you have the non-Catholic ceremony (e.g. family pressures, etc.)?		
f. Why did you have the Catholic ceremony (e.g. family pressures, etc.)?		

18. At the time of marriage did you: <i>(answer each. If no, explain briefly)</i>		
a. Believe marriage was an exclusive relationship between one man and one woman?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Believe that if you divorced you could not marry a second time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Remain open to children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

19. At the time of marriage did your ex-spouse: <i>(answer each; if no, explain briefly)</i>		
a. Believe marriage was an exclusive relationship between one man and one woman?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Believe that if you divorced he/she could not marry a second time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Remain open to children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

20. Did you and your ex-spouse plan to delay children? <i>(If yes, continue)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. Was this a mutual decision?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i. If no, whose decision was this?		
b. What method was used to delay children (e.g. natural family planning, artificial contraception, abortion)?		
c. If your spouse changed his/her mind and wanted children, would you consider it your sole decision whether to delay?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. If you changed your mind and wanted children, would he/she consider it his/her sole decision whether to delay?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

21. Did you or your spouse knowingly deceive the other regarding: <i>(check all and briefly explain)</i>	
Known inability to conceive children	<input type="checkbox"/>
Previous children	<input type="checkbox"/>
Education level	<input type="checkbox"/>
Debts	<input type="checkbox"/>
Serious contagious disease	<input type="checkbox"/>
Age	<input type="checkbox"/>
Income	<input type="checkbox"/>
Mental Illness:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

22. When did marital problems start? <i>(approximate date)</i>	
--	--

23. What were these problems?

24. During the marriage did either of you, either separately or together, see: <i>(if yes, append name and contact information)</i>	You	Ex-Spouse
a. Psychologist	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Psychiatrist	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Marital counsellor	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Personal counsellor	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Priest or pastoral minister for marriage counselling	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
f. Other type of counsellor/adviser:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

25. Were there temporary separations? <i>(If yes, continue)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please provide approximate dates, length of time, reason for separation, and who initiated reconciliation:		

26. Length of common life: <i>(time from marriage to final separation)</i>	Years	Months
--	-------	--------

27. Date of final separation: <i>(approximate date)</i>	
28. Who left and why?	

Please note: if your ex-spouse is also applying, he/she is to also complete questions 1-28 on a separate copy.

## PROPOSED WITNESS LIST

AT LEAST TWO WITNESSES MUST BE PROVIDED.

Witness 1:

Name:		Address:		
City:		Postal Code:		
Phone number:		Email:		
This witness has information regarding: <i>(check all that apply)</i>				
My childhood <input type="checkbox"/>	My ex-spouse's childhood <input type="checkbox"/>	Courtship <input type="checkbox"/>	Married life <input type="checkbox"/>	Marital problems <input type="checkbox"/>
Why do you think he/she would be a good witness?				
Translator required? Yes <input type="checkbox"/> No <input type="checkbox"/>		Language for translator:		

Witness 2:

Name:		Address:		
City:		Postal Code:		
Phone number:		Email:		
This witness has information regarding: <i>(check all that apply)</i>				
My childhood <input type="checkbox"/>	My ex-spouse's childhood <input type="checkbox"/>	Courtship <input type="checkbox"/>	Married life <input type="checkbox"/>	Marital problems <input type="checkbox"/>
Why do you think he/she would be a good witness?				
Translator required? Yes <input type="checkbox"/> No <input type="checkbox"/>		Language for translator:		

Witness 3:

Name:		Address:		
City:		Postal Code:		
Phone number:		Email:		
This witness has information regarding: <i>(check all that apply)</i>				
My childhood <input type="checkbox"/>	My ex-spouse's childhood <input type="checkbox"/>	Courtship <input type="checkbox"/>	Married life <input type="checkbox"/>	Marital problems <input type="checkbox"/>
Why do you think he/she would be a good witness?				
Translator required? Yes <input type="checkbox"/> No <input type="checkbox"/>		Language for translator:		

Witness 4:

Name:		Address:		
City:		Postal Code:		
Phone number:		Email:		
This witness has information regarding: <i>(check all that apply)</i>				
My childhood <input type="checkbox"/>	My ex-spouse's childhood <input type="checkbox"/>	Courtship <input type="checkbox"/>	Married life <input type="checkbox"/>	Marital problems <input type="checkbox"/>
Why do you think he/she would be a good witness?				
Translator required? Yes <input type="checkbox"/> No <input type="checkbox"/>		Language for translator:		

*Please note: if your ex-spouse is also applying, he/she must agree to the proposed witness list and sign below:*

<b>(if applicable: signature of co-applicant)</b>	<b>(date)</b>



**AGREEMENT**

<b>Applicant</b>	<i>By my initials below, I acknowledge that I understand and agree to the following:</i>	<b>Co-Applicant</b>
_____ Initials	I understand that this process is only aimed at clarifying my state of life (married or unmarried) in the Catholic Church;	_____ Initials
_____ Initials	I understand that the possible acceptance of my petition by the tribunal in no way guarantees that I will be granted a declaration of matrimonial nullity;	_____ Initials
_____ Initials	I understand that <b>no</b> special consideration can be given to expedite any request except in the case of terminal illness of the petitioner(s) and/or respondent, and that my application will be processed in the order in which it was received;	_____ Initials
_____ Initials	I understand the decision to use the shorter process, documentary process, or full process is solely the decision of the tribunal and there are no guaranteed timelines;	_____ Initials
_____ Initials	I understand that this process has absolutely no civil legal effects;	_____ Initials
_____ Initials	I understand that this process does not impact the legitimacy of any children born of the marriage, nor does it affect any divorce settlements or issues pertaining to custody;	_____ Initials
_____ Initials	I understand that anything submitted to the marriage tribunal is strictly confidential, and that the tribunal staff will not enter into correspondence or discussion of my case with any other party, including family members, proposed future spouses, or pastoral workers;	_____ Initials
_____ Initials	I understand that my ex-spouse has the right to be involved in this process, argue for validity of the marriage, and propose other grounds of invalidity, although he/she are under no obligation to do so;	_____ Initials
_____ Initials	I understand that my ex-spouse has the right to read anything that I submit to the marriage tribunal as well as anything submitted by my witnesses;	_____ Initials
_____ Initials	I understand that I have the right to read anything my ex-spouse submits to the marriage tribunal as well as anything submitted by their witnesses, should he/she choose to participate;	_____ Initials
_____ Initials	I understand that it is my responsibility to ensure the cooperation of my witnesses in this process and that their non-cooperation can cause delays in my case;	_____ Initials
_____ Initials	I understand that I do not have the right to contract a Catholic marriage, nor am I to set a date for a future marriage until I receive the final decree, nor will I hold the tribunal liable for any delays or negative decisions;	_____ Initials
_____ Initials	I understand that I, my ex-spouse, and the defender of the bond have the right to appeal a final decision of the tribunal and this could delay or prevent a future marriage from occurring;	_____ Initials
_____ Initials	I understand that even if my marriage is found to be null, a prohibition for remarriage can be placed upon me or my ex-spouse which would prevent a future marriage until certain conditions are fulfilled;	_____ Initials
_____ Initials	I understand that failing to respond to the tribunal for a period of two months could result in my case being closed and archived (abatement);	_____ Initials
_____ Initials	I understand that it is my responsibility to inform the tribunal of any changes to my contact information during the process.	_____ Initials

In addition, I affirm all information contained in this application is accurate and complete.

--	--

**(signature of applicant)**

**(date)**

--	--

**(if applicable: signature of co-applicant)**

**(date)**

## REFERRAL

<i>This page to be completed by a priest or pastoral minister who provides any information that may be helpful.</i>	
Name:	
Address:	
Assignment:	
How long have you known the petitioner:	
How long have you known the respondent (co-petitioner):	
Your assessment of the petitioner's truthfulness:	
Your assessment of the respondent's (or co-petitioner's) truthfulness:	
<i>(If no co-petitioner)</i> If known, what is your estimation of the respondent's opposition to nullity?	
What can you tell us of their marital problems?	

Date:	Signature of minister:
-------	------------------------

**PLEASE RETURN ALL DOCUMENTS TOGETHER!**