

CHANCERY USE

DF-_____/____/_____

Granted: _____

Date: _____

**DEFECT OF FORM PETITION
DIOCESE OF ROCKVILLE CENTRE
CHANCERY**

Post Office Box 9023
Rockville Centre, New York 11571-9023

No date of marriage may be set for a new marriage or validation in the Church until a Declaration of Freedom to Marry has been officially granted.

Please enter the following information based on your personal interview with the petitioner:

PETITIONER

RESPONDENT

NAME: _____

ADDRESS: _____

TELEPHONE: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

RELIGION: _____

DATE OF BAPTISM: _____

PLACE OF BAPTISM: _____

N.B. The Respondent will be notified that a defect of form petition has been filed.

Date of Marriage: _____

Place of Marriage: _____

Official title of Officiant (e.g., minister, judge, rabbi, etc.): _____

Address of Catholic party at time of marriage: _____

Did the Catholic party at any time formally abandon the Catholic faith? _____ If so, when and under what

circumstances?: _____

Why were you never married by a Roman Catholic Priest? _____

If you ever discussed having your marriage celebrated in Church, please indicate the results of that discussion:

When did you cease living together? _____ Date of Divorce: _____

Location of Court _____ Index Number of Divorce: _____

Does the Petitioner have any legal or moral obligations toward the former spouse or toward any children born of this prior

union? _____ Are these obligations being met? _____

The petitioner is asked to pay a \$50 fee for **each** Defect of Form case prior to or at the time of its being submitted to the Chancery Office.
This will facilitate processing and ensure that payment is not overlooked.

PREVIOUS OR SUBSEQUENT MARRIAGE(S) OF PETITIONER (Other than the marriage described on Page 1.)

Name of Spouse: _____

Name of Spouse: _____

Date of Marriage: _____

Date of Marriage: _____

Place of Marriage: _____

Place of Marriage: _____

If ended, please check:

If ended, please check:

___ Tribunal Annulment # _____

___ Tribunal Annulment # _____

___ Death (date) _____

___ Death (date) _____

___ DF # _____

___ DF # _____

PREVIOUS OR SUBSEQUENT MARRIAGE(S) OF RESPONDENT (Other than the marriage described on Page 1.)

Name of Spouse: _____

Name of Spouse: _____

Date of Marriage: _____

Date of Marriage: _____

Place of Marriage: _____

Place of Marriage: _____

INTENDED SPOUSE OF PETITIONER:

Name of Intended Spouse: _____

Address: _____

Telephone number: _____ Religion: _____

Is this intended marriage a convalidation? _____

If so, when did the civil ceremony take place? _____

I, the undersigned Petitioner, solemnly swear before God that the Respondent and I never contracted marriage in the presence of a Catholic Priest or in any manner recognized by the Catholic Church. I solemnly swear that in answering the above questions I have told the truth, the whole truth, and nothing but the truth.

Signature of Priest/Deacon Interviewer

Signature of Petitioner

Date

SEAL

Church: _____

Address: _____

Phone: _____

TESTIMONY OF THE PRIEST INTERVIEWER

A. Documents

I have enclosed the following documents (original or photocopy):

- Recent Baptismal Certificate of the Catholic Party
- Civil Marriage License Indicating Officiant
- Final Divorce Decree (Indicating Index No. and Grant Date)
- Statement of Petitioner regarding previous Marriage
- \$50 Fee (Check payable to Diocese of Rockville Centre)

B. Witnesses

(Testimony given to you personally, in an interview, telephone conversation or written testimony mailed recently to you.)

I have interviewed the witnesses named below. I have explained to them the meaning of the Canonical Form of Marriage, Dispensation from the Canonical Form, Validation and Sanation. The witnesses have known the Petitioner and Respondent before and throughout the marriage in question. To the best of their knowledge, the witnesses stated that the couple were not married in any manner recognized by the Catholic Church.

The witnesses confirmed their testimony by the following oath:

"I solemnly swear before God,
that the Petitioner and Respondent never contracted
marriage in the presence of a Catholic Priest
or in any other manner recognized by the Catholic Church."

Name of Witness

Name of Witness

Relationship to Petitioner

Relationship to Petitioner

Length of Relationship

Length of Relationship

C. The Intended Marriage

I would assess as follows the relationship and maturity of the couple intending to be married in regard to areas such as communication, insight into strong and weak points, and future goals:

In regard to the need for any special pre-marital preparation (e.g., discussions between the couple and myself for a specific period of time, or professional counseling) I would make the following recommendation:

D. Summary by the Priest/Deacon Interviewer:

On the basis of my interview with the Petitioner, the documents submitted and the testimony of the witnesses, I am certain that the Petitioner and Respondent were never married according to the Canonical Form of Marriage, or in any other manner recognized as valid by the Catholic Church.

Date

Signature of Priest/Deacon Interviewer

STATEMENT OF PETITIONER REGARDING PREVIOUS MARRIAGE

It has been our experience that special care must be taken in regard to second marriages since the problem of a former marriage may sometimes affect a subsequent marriage. As a result, we request each petitioner to respond briefly, but thoroughly, to the following questions. Please do not respond with just one-word answers. It would be helpful if you would illustrate the statements you make with specific examples. Thank you for your cooperation.

1. Please describe your family background and the family background of your former spouse, noting the relationships with father, mother, brothers and sisters.

2. Please explain how you and your former spouse met, the length of the courtship and any difficulties during the period prior to marriage.

(OVER)

3. Please describe the problems during married life, any separations and reconciliations, and the causes and circumstances of the final separation.

Date

Signature of Petitioner