

**DIOCESE OF ROCKVILLE CENTRE**  
Post Office Box 9023  
Rockville Centre, New York 11571-9023

**DECLARATION OF INVALIDITY DUE TO LACK OF CANONICAL FORM  
GUIDELINES**

1. Requirements

- a. The petition should be submitted by a Catholic or a non-Catholic who was formerly married to a Catholic in any manner not validly recognized by the Catholic Church.
  - b. The Petitioner, certified by a Priest or Deacon, is to record the responses. Please print all the information clearly. Fillable form is available on drvc.org website (<https://www.drvc.org/chancellors-office/>).
  - c. Please use a separate form for each attempted marriage.
  - d. The Respondent will be informed that the Petitioner was granted a Decree of Invalidity due to Lack of Form declaring that the marriage was never contracted in the presence of a Catholic Priest, Deacon or in any other manner recognized by the Catholic Church.
  - e. Two witnesses are needed who can attest that the attempted marriage was not in any manner validly recognized by the Catholic Church.
  - f. A baptismal certificate dated within the last 6 months must be submitted for the Catholic party; therefore, if the Respondent is the Catholic party, a baptismal certificate must be submitted as proof. **Note: If neither party was a baptized Catholic at the time of marriage, an annulment is required.**
  - g. A civil marriage license from the state or country where the marriage took place must accompany the petition. Marriage license must indicate the officiant as well as the number of previous marriages.
    - The license requested is the “long form” or “extended form.”
    - The marriage certificate can no longer be accepted.
    - All previous and subsequent marriages for both the Petitioner and Respondent must be noted on page 2.
  - h. The Final Divorce Judgement must be submitted.
2. A fee of \$50 is required for the processing of each petition. The check or money order is to be made payable to the Diocese of Rockville Centre.

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DF-	
Granted:	
Date:	

*A DATE FOR A NEW MARRIAGE MAY NOT BE SET UNTIL THE MARRIAGE IS DECLARED NULL.  
 THE PETITIONER IS ASKED TO PAY A \$50 FEE FOR EACH PETITION SUBMITTED.*

**DECLARATION OF INVALIDITY DUE TO LACK OF CANONICAL FORM (FORM A)**

	<i>Petitioner</i>	<i>Respondent</i>
Name:		
Street Address:		
City, State, Zip:		
Phone:		
Email:		
Date of Birth:		
Religion at time of marriage:		
Date of Baptism:		
Place of Baptism:		

*N.B. The Respondent will be notified that a lack of canonical form petition has been granted.*

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
*City, State*

**OFFICIANT:** Check one:

	Title and Name
<input type="checkbox"/> Civil Official	
<input type="checkbox"/> Minister	
<input type="checkbox"/> Rabbi	
<input type="checkbox"/> Other	

Address of Catholic party at the time of marriage: \_\_\_\_\_  
 \_\_\_\_\_

When did you cease living together? \_\_\_\_\_

Date of Divorce: \_\_\_\_\_ Location of Court: \_\_\_\_\_ *(city, state)*

**PREVIOUS OR SUBSEQUENT MARRIAGE(S) OF THE 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 Prot. No.:	___ Tribunal Annulment Prot. No.:
___ Date of Death:	___ Date of Death:
___ DF #:	___ DF #:
___ Not applicable	___ Not applicable

**PREVIOUS OR SUBSEQUENT MARRIAGE(S) OF THE 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: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Religion: \_\_\_\_\_

Is this intended marriage a convalidation?  Yes  No

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 Deacon or in any other 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.*

\_\_\_\_\_  
Print Name of Petitioner

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

\_\_\_\_\_  
Print Name of Priest/Deacon Interviewer

\_\_\_\_\_  
Signature of Priest/Deacon Interviewer

Church: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

-----parish seal-----

**TESTIMONY OF THE PRIEST/DEACON INTERVIEWER**

**1. Documents**

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

- Baptismal Certificate of the Catholic Party (dated within the last 6 months).
- Civil Marriage License, issued by the state where the marriage was contracted, which indicates the officiant and the number of previous marriages.
- Final Divorce Judgement with index number and date granted – only a final divorce judgement is acceptable.
- \$50 Fee (made payable to the Diocese of Rockville Centre).

**2. Witnesses**

*(This statement should be given to you personally, in a telephone conversation or as written testimony within the last 6 months)*

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.

\_\_\_\_\_  
Print name of Priest/Deacon Interviewer

\_\_\_\_\_  
Signature of Priest/Deacon Interviewer

The witness 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 #1

\_\_\_\_\_  
Name of Witness #2

\_\_\_\_\_  
Relationship to Petitioner

\_\_\_\_\_  
Relationship to Petitioner

\_\_\_\_\_  
Length of Relationship

\_\_\_\_\_  
Length of Relationship