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:	Plac	ce of Marriage	e:
Official title of Officiant (e.g., r	ninister, judge, rabbi, etc.):		
Address of Catholic party at tim	e of marriage:		
	ne formally abandon the Catholic f		If so, when and under what
	ur marriage celebrated in Church, p		e the results of that discussion:
			orce:
Location of Court		_Index Numb	er of Divorce:
Does the Petitioner have any leg	gal or moral obligations toward the	former spous	e or toward any children born of this prior
union? A	re these obligations being met?		
The petition	ner is asked to pay a \$50 fee for each the time of its being submitted to		•

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 (*not* Marriage Certificate)
- Final Divorce Decree (Indicating Index No. and Grant Date)
- \$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		