



CATHOLIC DIOCESE OF LEXINGTON

THE CATHOLIC CENTER

The Tribunal

Tribunal

LACK/DEFECT OF FORM CASE

PARTIES: _____ / _____

NO. _____

NAME & ADDRESS OF PETITIONER

NAME & ADDRESS OF RESPONDENT

_____	_____
_____	_____
_____	_____

DAY TIME TELEPHONE: _____ DAY TIME TELEPHONE: _____

When, where and before whom did you marry? _____

_____	_____	_____
(Date)	(Place – church or office)	(Name of Officiant)

Date of Divorce: _____

Did you ever exchange vows before a Catholic priest? _____

If so, when _____ where _____

Was petitioner ever baptized into or received into the Catholic Church? _____

Was respondent ever baptized into or received into the Catholic Church? _____

If your wedding did not take place before a Catholic priest, had you received your bishop's permission to have the wedding in another way? _____

Did you ever have this marriage blessed by a Catholic priest at some time after the original wedding? _____

Please give the names and addresses of two people who could corroborate what you have told us.

(Date)

(Signature of Petitioner)

Signature of advocate submitting case

Parish

Mail this along with a copy of the Catholic party's baptismal certificate issued within the last six (6) months, the marriage certificate, and the divorce decree to the address on page 1. All documents will be returned.