

# INFORMATION

## PAULINE PRIVILEGE

The Pauline Privilege is dissolution of a non-sacramental marriage. The following points are of particular importance.

1. The non-baptism of both parties at the time of the celebration of the former marriage must be established.
2. The petitioner must sincerely desire to be baptized.
3. The former marriage is dissolved at the time the petitioner, having been baptized, enters into a subsequent marriage in the Catholic Church, with a Catholic or baptized Christian. New sacramental marriage (between two baptized people) dissolves the former non-sacramental marriage
4. This privilege cannot be used if the departure of the un-baptized party was caused by the baptized party after the baptism occurred; e.g., adultery, etc., unless it is condoned by the un-baptized party.
5. If the un-baptized spouse caused the separation and is subsequently baptized after the separation, this privilege can be used.

### PROCEDURE

1. A completed application by the petitioner is to be sent to the Tribunal by the Advocate.
2. A letter will be sent to the respondent and witnesses in order to ascertain the non-baptism of the petitioner and respondent.
3. The Pauline Privilege only applies to marriages when both of the parties were not baptized at the time of the wedding.



## WITNESS INFORMATION

Please, give the names and addresses of **two knowledgeable witnesses for petitioner and two for the respondent** who would be in position to know and who would be willing to answer questions whether or not you and the respondent were ever baptized. These witnesses could be parents, older siblings, aunts, uncles or other relatives or old friends of the family.

**Witnesses for you:**

_____		_____	
Name		Relationship to you	
_____			
Street Address or Postal Box number	City	State	Zip

_____		_____	
Name		Relationship to you	
_____			
Street Address or Postal Box number	City	State	Zip

**Witnesses for your former spouse:**

_____		_____	
Name		Relationship to you	
_____			
Street Address or Postal Box number	City	State	Zip

_____		_____	
Name		Relationship to you	
_____			
Street Address or Postal Box number	City	State	Zip

_____		_____	
<b>Signature of Advocate</b>	<b>Date</b>	<b>Petitioner</b>	<b>Date</b>

\_\_\_\_\_  
**Notary**

