



DIOCESE OF METUCHEN

THE TRIBUNAL
POST OFFICE BOX 191
METUCHEN, NJ 08840
[732] 562-1990

For Tribunal Use Only

Protocol No. _____

DATE _____

MARITAL HISTORY

YOURSELF

FORMER SPOUSE

_____	Maiden Name	_____
_____	Present Name	_____
_____	Address	_____
_____		_____

The address of your former spouse, or means by which he/she can be contacted, must accompany this request.

Home: _____	Work: _____	Telephone _____	Home: _____	Work: _____
		Birth Date _____		
		Religion at the time of marriage _____		
		Date and Church of Baptism _____		
		Are you enrolled in the RCIA program? _____		
		Current Marital Status _____		
Length of Courtship _____		Length of formal engagement _____		
Date of marriage _____	Church _____			
City _____	State _____			
Your age at time of marriage _____		Your former spouse's _____		

If a Church marriage followed a civil marriage, please give the date and place of the Church marriage, and explain the circumstances of the civil marriage in the Autobiographical Report.

Names and dates of birth of children born of the marriage _____

Date of final separation _____

Earlier separations from: _____ To: _____

Date and place of divorce _____

Were either of you married previously? _____ If yes, where, when and by whom? _____

Have either of you ever applied for a declaration of nullity before? _____

If so, explain: _____

Planning to marry? _____ Is present/intended spouse free to marry in the Church? _____

If either party was treated for nervous or emotional problems before or during the marriage, or received counseling of any kind, please list below the **complete** name and address of all professionals consulted, as well as dates of consultation. Please indicate the party who was counseled.

1. _____

Telephone: _____ Consultation dates: _____

2. _____

Telephone: _____ Consultation dates: _____

3. _____

Telephone: _____ Consultation dates: _____

***If additional space is needed, kindly attach a separate sheet of paper.

Please list below the name and address of everyone you have asked to complete a witness statement.

**IT IS YOUR RESPONSIBILITY AS THE PETITIONER
TO ASK YOUR WITNESSES
TO SEND THEIR TESTIMONIES DIRECTLY TO THE TRIBUNAL.**

1. _____ Relationship: _____

_____ Telephone: _____

2. _____ Relationship: _____

_____ Telephone: _____

3. _____ Relationship: _____

_____ Telephone: _____

4. _____ Relationship: _____

_____ Telephone: _____

Current parish (if applicable) _____

Location: _____

Name of the priest or deacon who assisted you in completing your petition: _____