REQUEST FOR A VERIFICATION OF FREEDOM TO MARRY DUE TO LACK OF CANONICAL FORM OF A PREVIOUS MARRIAGE

The following information is to be supplied by the applicant.

The questions should be asked and the answers written by the interviewing priest. The person should give the evidence under Oath. "I (the applicant) ______ swear to tell the truth, the whole truth and nothing but the truth. So help me God." 1. What is your full name? _____ [incl. Maiden Name] 2. What is your address? 3. Contact Numbers Date and place of birth? 4. _____ Where? _____ 5. When were you married? _____ Date of Birth: ____ To whom [full name]? 6. A <u>full</u> copy, (not an extract which omits many details), of the marriage certificate, obtainable from the Registrar of Births, Deaths and Marriages, MUST be presented to the Tribunal Was this your first marriage? _____ If not please give details of any other marriage: 7. 8. Was the marriage to you the first marriage of the other party? 9. If not, give details of other marriage: 10. What was your religion at the time of the marriage? 11. What was the religion of the other party? 12. When and where was the Catholic party baptized? ____ A recent [within 6 months] Certificate of Baptism MUST be presented to the Tribunal Office. It should include the parents' names and refer to any marriage details. 13. [a] Did the Catholic party ever leave the Catholic Church and join another church or religion? [b] If yes, give details: 14. Where was the Catholic party living at the time of the marriage? 15. Was permission sought and obtained from the Bishop for the marriage to take place other than in the Catholic Church? 16. Why did the Catholic party not insist on a Catholic ceremony? 17. Was the marriage ever repeated or blessed in the Catholic Church?

- 18. Was any request or suggestion made that this marriage should be rectified or blessed in the Catholic Church?
- 19. Please give the addresses of where you lived during the course of your marriage to your former Spouse and the *approximate* dates you lived at each location.

| 20. | DATES | PLACE |
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| | from to | |
| 21. | Were any children born of this ma | rriage? How Many? |
| 22. | If so, were they baptized in the Catholic Church and where did any baptism[s] take place? | |
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| 23. | | n your former Spouse? |
| 24. | | Date of Civil Decree Absolute of Divorce: Absolute MUST be presented to the Tribunal Office |
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| 25. | from the previous union? (cf. Can | gations towards children and your partner |
| | | |
| 26. | What is the present address and | phone number of your former spouse? |
| 26. | What is the present address and | phone number of your former spouse ? |
| | · | |
| 27. | Intended Partner Name: | Phone: |
| 27. 28. | Intended Partner Name: | Phone: |
| 27. 28. 29. | Intended Partner Name: Address: Conjugal Status: | Phone: |
| 27. 28. | Intended Partner Name: Address: Conjugal Status: Religion: | Phone: Phone: |
| 27. 28. 29. | Intended Partner Name: Address: Conjugal Status: Religion: | Phone: |
| 27. 28. 29. 30. | Intended Partner Name: Address: Conjugal Status: Religion: Date and Place of Proposed Marr | Phone: Phone: |
| 27. 28. 29. 30. 31. 32. | Intended Partner Name: Address: Conjugal Status: Religion: Date and Place of Proposed Marr Cele | Phone: Phone: |
| 27. 28. 29. 30. 31. 32. | Intended Partner Name: Address: Conjugal Status: Religion: Date and Place of Proposed Marr Cele | Phone: Phone: of the person you now wish to marry. iage: of the person you now wish to marry. |
| 27. 28. 29. 30. 31. 32. | Intended Partner Name: Address: Conjugal Status: Religion: Date and Place of Proposed Marr Cele hereby confirm on Oath that I h | Phone: Phone: |
| 27. 28. 29. 30. 31. 32. | Intended Partner Name: Address: Conjugal Status: Religion: Date and Place of Proposed Marr Cele hereby confirm on Oath that I h Dated: Signature | Phone: Phone: |
| 27. 28. 29. 30. 31. 32. "I | Intended Partner Name: Address: Conjugal Status: Religion: Date and Place of Proposed Marr Cele hereby confirm on Oath that I h Dated: Signature | Phone: Phone: |
| 27. 28. 29. 30. 31. 32. "II CHE | Intended Partner Name: | Phone: Phone: |