

ARCHDIOCESE OF LOS ANGELES METROPOLITAN TRIBUNAL

3424 Wilshire Blvd. Los Angeles, CA 90010 Tel: 213-637-7245 FAX: 213-637-6245 email: marriagetribunal@la-archdiocese.org

For Tribunal Only	
Case Name:	
Prot. No.:	
Received Date:	
Notary:	

Petition to the Archbishop of Los Angeles to Invoke the PAULINE PRIVILEGE

YOUR EXCELLENCY:	
(Full name of Petitioner, including maiden n	name if applicable)
	eiving baptism in the Catholic Church, aptism in the Catholic Church,
	mine my right to use the PAULINE PRIVILEGE, a Catholic. It to, (Full name of the Other Party, including maiden name)
also unbaptized, on ended in a civil divorce, granted on There is no hope for any reconciliation.	in the year This marriage in the year
decision of the Church in my case, a	ur delegate must conduct the Canonical uired by canon 1144. I agree to abide by the nd understand that no guarantee can be given inite time within which the decision will be
Petitioner's Signature Address	Signature of Priest/Deacon/Parish Minister PRINT Name
City, State, Zip	
Email	Address
Petitioner Home Phone	City, State, Zip
Petitioner Cell Phone	Parish Email
Petitioner Work Phone	Personal Email
Date:	Best PhoneAlternate Phone
Signature of Pastor (Required if the Submitting Mini	ister is not a priest.) Date
Date Received at this Tribunal:	Notary's Name:
Filing Fee Received (\$100): Yes / No	Check No.:
Other Payment Received:	Check No.: Paid on-line: Tracking:

PLEASE INCLUDE WITH THIS PETITION: ☐ Marriage Certificate ☐ Final Divorce Decree ☐ Baptismal Certificate of Petitioner [if already baptized] ☐ Baptismal Certificate of proposed spouse ☐ \$100 filing fee Please make check payable to: Archdiocese of Los Angeles—Tribunal. Payments may also be made on-line on the Tribunal website: www.la-archdiocese.org/org/tribunal

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DATA CONCERNING THE OTHER PARTY

Please type or neatly print the following data about the Other Party (i. e., your spouse in the marriage you are seeking to have dissolved). Other Party's Current Legal Name: Proper Salutation: (*Please Circle*: Mr. Mrs. Ms. Dr. Other: _____) Maiden Name (if different): Street Address:______City: _____ State: Zip Code: Country (if outside USA) Phone: Home: Cell: Work: _____ E-mail: ____ ********* (If you do not have an address for the Other Party, please provide the name of a relative "in care of" whom we can attempt to reach him or her.) Relationship of this Person to the Other Party: Proper Salutation: (*Please Circle*: Mr. Mrs. Ms. Dr. Other: _____) Street Address: City: _____ State: _____ Zip Code: ____ Country (if outside USA) ____ Phone: Home: Cell:

If you have no address at all for the Other Party, it will be very difficult if not impossible to verify the facts necessary to authorize the use of the Pauline Privilege. Please have the parish minister with whom you are working consult the Tribunal to determine whether a petition to invoke the Pauline Privilege is appropriate, or whether some other approach would be better.

Work: _____ E-mail: ____

Thank you.

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WITNESSES CONCERNING THE FACT THAT THE PARTIES WERE NOT BAPTIZED

Please name at least two witnesses who are able and willing to provide testimony about your religious background, and two witnesses able and willing to provide similar testimony concerning the Other Party. If you wish to name more than two witnesses, please copy this page and include the additional witnesses.

The preferred witnesses are the parents of the person. Other competent witnesses are older siblings, uncles, aunts or older cousins who have direct contact with the party throughout life, and knowledge concerning the religious practice of the family. If no other witnesses are available, younger brothers and sisters of the unbaptized party may be named. Please do <u>not</u> name children of the marriage in question. Please notify the witness that you have named them in connection with your petition and that they should expect to hear from the Tribunal.

In addition to witnesses, and sometimes in place of their testimony, it is possible to submit documentary evidence that establishes a person was never baptized. If there is such documentary evidence, please submit that with your petition.

Witnesses Regarding the Petitioner:

Name:				
Relationship to the Petitioner:				
Proper Salutation: (Please Circle:	Mr. Mrs.	Ms. Dr.	Other:)
Street Address:		 	City:	
State: Zip Code:	Cou	ntry (if outsic	de USA)	
Phone: Home:		Cell:		
Work:		_ E-mail:		
	******	******	**	
Name:				
Relationship to the Petitioner:				
Proper Salutation: (Please Circle:	Mr. Mrs.	Ms. Dr.	Other:)
Street Address:			City:	
State: Zip Code:	Cou	ntry (if outsic	de USA)	
Phone: Home:		Cell:		
Work:	E	-mail:		

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Witnesses Regarding the Other Party [Respondent]:

Name:		
Proper Salutation: (Please Circle: I	Mr. Mrs. Ms. Dr. Other:)	
Street Address:	City:	
State: Zip Code:	Country (if outside USA)	
Phone: Home:	Cell:	
Work:	E-mail:	
Name	**************	
Name:		
Relationship to the Respondent:		
Proper Salutation: (Please Circle: I	Mr. Mrs. Ms. Dr. Other:)	
Street Address:	City:	
State: Zip Code:	Country (if outside USA)	
Phone: Home:	Cell:	
Work:	E-mail:	

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PAULINE PRIVILEGE DEPOSITION OF THE PETITIONER

Acknowledging that I fully understand the nature of an oath (i.e., the calling upon God to witness the truth of the statements made), I promise that I will tell the truth, the whole truth, and nothing but the truth in this deposition, so help me, God!

(Please type or neatly print all answers. If additional room is needed, please use the back of the questionnaire. Thank you.)

	Street Address:	01-1-	710.0-1	 	
	City:				
	Phone: Home:				
	Work:	E-mail: _			
	Date of Birth				
	Religion at time of the marri Current Religion:				
Con	cerning Your Own Religious	Background:			
2.	During your childhood and youth (birth through age 16), were you ever baptized in the				
	Catholic Church or any other Christian church or denomination? Yes No				
3.	Since age 16 until the time you entered the marriage in question, were you ever baptized in				
	the Catholic Church or any	the Catholic Church or any other Christian church or denomination?			
Priv.	ou responded "yes" to either ilege is not appropriate unlestism. If there is a question contate when, where, and in w	ss there is significant re	eason to doubt the	validity of that	
4.	If you were <u>not baptized in yang</u> know this fact and b) why yo			ain: a) how you	

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5.	What is your father's name?					
	Is he living? Yes No (If so and he is able and willing to testify, please include him in your list of witnesses.)					
	To what religion did his/her father belong?					
	Did he practi	ce this faith ac	tively? 🗖 Yes 🔲 No			
	If he was from	m a Christian ti	radition, what were his views on	the importance of baptism?		
6.	What is your	What is your mother's name? Is she living? Yes No (If so and she is able and willing to testify, please include her in your list of witnesses.)				
	•					
	To what relig	ion did his/her	mother belong?			
	Did she practice this faith actively?					
	If she was from a Christian tradition, what were her views on the importance of baptism?					
7.	Were you ever under the guardianship of someone other than your parents? Yes (If so, on the reverse please give the name(s) of your guardian(s) and answer the same questions about them as were posed concerning your parents in ## 7 and 8.)					
8.	Were any of your siblings baptized?					
Name	e of Sibling	Birth year	Church of Baptism	Date of Baptism		
9.	affiliation?	Yes □ No	urch and/or Sunday school, ever es and Sunday Schools you atte			
Name of Church			Street address/city/state	Years		

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Concerning the Religious Background of the Other Party (i.e., your former spouse): 10. Full name (incl. Maiden) If he/she entered the marriage in question using yet a different name, please attach an explanation. Street Address: _____ State: ZIP Code: City: Phone: Home: _____ Cell: _____ Work: _____ E-mail: _____ Date of Birth _____ Place ____ Religion at time of the marriage in question: Current Religion: Since birth until the time he/she married you, was the other party ever baptized in the 11 Catholic church or any other Christian church or denomination? ☐ Yes ☐ No ☐ I do not know If you responded "yes" then a petition to invoke the Pauline Privilege is not appropriate unless there is significant reason to doubt the validity of that baptism. If there is a question concerning whether this was valid Christian baptism, please indicate when, where, and in what religious tradition the ceremony took place. Attach the certificate of the baptism if at all possible. If the Other Party was not baptized in childhood or youth, please explain to the best of your 12. knowledge: a) how you know this fact and b) why he/she did not receive baptism in those years. 13. What is the name of the Other Party's father? (If so and he is able and willing to testify, please include him in your list of witnesses for the Other Partv.) To what religion did his/her father belong? _____ If he was from a Christian tradition, what were his views on the importance of baptism? What is the name of the Other Party's mother? 14. (If so and she is able and willing to testify, please include her in your list of witnesses for the Other Partv.) To what religion did his/her mother belong? If she was from a Christian tradition, what were her views on the importance of baptism?

15. Was the Other Party ever under the guardianship of someone other than his/her

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	parents?			
16.	During the period of your common life, did the Other Party receive baptism? Tyes No			
	How do you know this?			
17.	Subsequent to your separation and divorce from the Other Party, has he/she been baptized into any Christian Church or denomination?			
Conce	erning the Marriage in Question:			
18.	Date of MarriagePlace:			
	Who officiated? □priest □Christian minister □rabbi □civil official □other			
19.	Was this the first marriage for each of you?			
20.	How many children were born of this marriage?			
	How many of those children are still minors?			
	Who has custody of the minor children?			
21.	What was the cause of the breakup of this marriage?			
22.	Have either of you entered any other marriages?			
	If so, please provide the following information for each marriage. If more than one marriage, please write the pertinent information on the back of this page.			
	Former Spouse of Petitioner Respondent: First Name: Middle Name: Surname: Maiden Name (if different): His/Her Religion at time of marriage: Baptism: Catholic Other Not baptized Marriage date: Catholic ceremony Other religious ceremony civil ceremony Place of marriage: City: State: Had this person been married prior to your union? Yes No Number of prior marriages: 0 0 1 02 03 0ther Divorce date: and/or Death date:			

Concerning the Person You Wish to Marry in the Church:

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23.	Full name (incl. Maiden) Street Address:			
	City:			
	Phone: Home:	Cell:		
	Date of Birth	Place		
	Current Religion:			
	Has he/she been baptized?			
	☐ Yes ☐ No			
			When?	
	(If baptized, please enclose a cop	py of the baptismal certif	icate.)	
24.	How long have you known hin	n/her?		
25.	Did your friendship with him/her play any part whatsoever in your separation and divorce from the Respondent? Please explain.			
26.	Are you and the person you wish to marry in the Catholic Church already united by any civil or religious exchange of marriage vows?			
	If so, please give the date: (Please enclose a copy of your c	ertificate of marriage.)	_ and place:	
27.	Do you and the person you wish to marry in the Church have any children?			
28.	Does the person you wish to r	marry have any previo	us marriages? 🗖 Yes 🔲 No	
29.	Is the person you wish to man	rv free to marry accord	ling to the laws of the Catholic Church?	
	Please explain.	•		
			et of my knowledge, is the truth,	
tne v	whole truth, and nothing bu	it the truth.		
Sign	ature of the Petitioner	Da	te	
Sign	ature of the Priest/Deacon/Par	rish Minister PR	INT Name of Priest/Deacon, etc.	
Paris	sh:		(Parish Seal)	

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