

DIOCESE OF NELSON
Office of the Chancellor
3665 Benvoulin Road
Kelowna, BC V1W 4M7
Tel: (250) 448-2725 Fax: (866) 964-3858

PETITION FOR DECLARATION OF NULLITY
LACK OF FORM
(Not to be used for a convalidation)

The Petitioner _____ a Catholic/non-Catholic
who attempted a marriage with
_____ a Catholic/non-Catholic
at _____
(Name and Place)

on _____, _____ before a civil Official/non-Catholic Minister

requests a declaration of nullity due to the lack of the required canonical form. The undersigned, on behalf of the Petitioner, requests a declaration of nullity.

Parish: _____ Signed: _____
(Pastor)

Address: _____ Place: _____

Postal Code: _____ Date: _____

REQUIRED IN A "LACK OF FORM" CASE:

- 1) Certificate of baptism of Catholic party (recent copy).
- 2) Certified copy of **Marriage Registration** (civil)--obtained from Bureau of Vital Statistics in province of marriage.
- 3) Copy of Divorce.
- 4) Affidavit of non-validation to be given:
 - a) by Petitioner (complete Petitioner's affidavit on reverse)
 - b) by the Other Party: if impossible, then by two witnesses who **knew the Other Party**.
 - c) by the chanceries where the parties resided. (Form 20)
(Note: Form 20 is sent out from Chancery Office)

RESCRIPT

No. _____

All things in law and fact having been carefully considered the undersigned BISHOP OF NELSON hereby grants the DECLARATION OF NULLITY according to the norms of Canon Law.

Kelowna, BC

Bishop of Nelson

Date

Chancellor Vicar General Delegate

DIOCESE OF NELSON
AFFIDAVIT OF PETITIONER

PETITIONER

FORMER SPOUSE

_____ Present Name _____

_____ Maiden Name for Women _____

(Address)

_____ Street _____

_____ City /Town _____

_____ Postal _____

_____ Phone Home/Work _____

_____ Date of Birth _____

_____ 1st or 2nd Marriage _____

_____ Religion _____

_____ Date of Baptism _____

Married at _____

Date _____ Civil Official/non Catholic Minister _____

Divorce or Civil Annulment obtained at _____ Date _____

Where did parties live during marriage? Give place and periods of residence.

Place (City & Country)

Date (Month & Year)

_____ From _____ to _____

_____ From _____ to _____

_____ From _____ to _____

Prior to this union was either Party married before? Yes _____ No _____

If "yes", give names, date and place for each previous marriage.

AFFIDAVIT

I, the undersigned, do solemnly swear that the foregoing information, to the best of my knowledge, is true, and I further declare that I have never attempted any marriage except as indicated herein. I also declare that the marriage(s) described herein was (were) never rectified (blessed) according to the laws of the Catholic Church. So help me, God.

Priest: _____ Petitioner Signed: _____

Parish: _____ Address: _____

Place: _____

Date: _____ Postal Code: _____