

Case Reference: _____

FAVOR OF THE FAITH/PAULINE PRIVILEGE

Please type/print:

PETITIONER

I. GENERAL QUESTIONS

1. Your name (maiden name, if woman) _____
Street address _____
City/State/Zip _____ Home Phone _____
Work Phone _____
2. Your occupation _____
3. Your date of birth _____ Your place of birth _____
4. Your father's name _____
His address _____
Street Address City State Zip
His phone number _____
5. Your mother's name _____ Her maiden name _____
Her address _____
Street Address City State Zip
6. What was your father's religion at the time of your birth? _____
To what degree did/does he practice his religion? _____
7. What was your mother's religion at the time of your birth? _____
To what degree did/does she practice her religion? _____
8. Did your parents believe in infant baptism? _____
9. Did your parents (or anyone else) ever have you baptized, christened, sprinkled or immersed in any Christian religion when you were an infant or a child? _____
10. Have you, of your own free will, ever been baptized, christened, sprinkled or immersed in any Christian religion? _____

If you have been baptized, please go to Section III

SECTION II ** IF YOU HAVE NOT BEEN BAPTIZED

1. Why were you never baptized?_____

How do you know?_____

2. If you were not continuously under the care of your natural parents during your infancy, childhood, and adolescence, did anyone else ever have you baptized, christened, sprinkled, or immersed in any Christian religion?_____

If the answer to the previous question is “yes”, please give the names and addresses of these people_____

How do you know the answer to this question?_____

3. Were you ever gravely ill or in an institution or any other place where you might have been baptized, christened, sprinkled or immersed in any Christian religion?_____

If yes explain_____

How do you know the answer to question 3?_____

4. Did you attend Sunday school or church as a child or adolescent?_____

If “yes” when and where? What denomination? _____

Did you ever join a church? If “yes”, when and where? What denomination?_____

5. Did your parents/guardians have any other members of your family baptized, christened, sprinkled, or immersed in any Christian religion?_____

If the previous answer is “yes”, please list the names/addresses of any family members baptized in their childhood or adolescence_____

If any of your family members were baptized during their childhood or adolescence, how do you explain your lack of baptism?_____

IF YOU HAVE ANSWERED SECTION II, SKIP SECTION III AND PROCEED TO SECTION IV

IF YOU HAVE BEEN BAPTIZED SECTION III

1. Date of your baptism _____
2. Place of your baptism _____
- | | | |
|--------|----------------|-----|
| Church | Street Address | |
| City | State | Zip |
3. What denomination? _____
4. How old were you when you were baptized? _____

If you have been baptized more than once, give details _____

MARRIAGE SECTION IV

1. Name of your former spouse (if woman, maiden name) _____
- | | | | |
|----------------|------|-------|-----|
| Street Address | City | State | Zip |
| | | | |
- Phone Number _____
2. Occupation of your former spouse _____
3. His/her date of birth _____ His/her place of birth _____
4. Where did the marriage take place? _____
- | | |
|-------|------------|
| Place | City/State |
|-------|------------|
5. Date of this marriage _____
6. Who officiated at the marriage? (minister; rabbi; civil official) _____

Was your former spouse ever baptized, christened, sprinkled or immersed in any Christian religion? _____

If yes when? _____ Where? _____

What denomination? _____ Who performed the baptism? _____

If not baptized, please give the name/s and address/s of a person or persons who can attest to this fact.

Name _____	Name _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____

8. Is there any realistic hope for reconciliation between you and your former spouse? _____

9. If your parents are deceased, give the names and addresses of two (2) witnesses who can testify to your baptismal status.

Name _____

Name _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

10. Has this case ever been submitted to any other Tribunal? _____

If "yes", give details _____

V. CONTEMPLATED MARRIAGE

1. Whom do you wish to marry? (If woman, give maiden name) _____

Street Address

City

State

Zip

2. Has your intended spouse ever been married before? _____ If yes when, where, who officiated?

How did this marriage come to an end? _____

3. Are you already civilly married to your intended spouse? _____

If "yes" When? Where? Who officiated? _____

Petitioner

Date

Priest/Deacon

Parish

Street Address

City

State

Zip

Phone Number

The priest or deacon may include further helpful information on a separate sheet of paper. The priest or deacon must ascertain that there is no hope of reconciliation. Furthermore, a copy of the civil marriage license and the final decree of divorce must be submitted along with this petition.

SEAL