



DIOCESE OF METUCHEN

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

For Tribunal Use Only	
Prot. No.	
Date Rec'd	
Consent	

MARITAL HISTORY

YOURSELF

Maiden Name _____
Present Name _____
Address _____

Home: _____ **Work:** _____

Telephone _____

FORMER SPOUSE

Home: _____ **Work:** _____

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

Birth Date _____
Religion _____
Date and Church of Baptism _____

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 _____

Was this the first marriage of both parties? Yes No **If not, explain:**

Have either of you ever applied for a declaration of nullity before? Yes No

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.

IF ADDITIONAL SPACE IS NEEDED, KINDLY ATTACH A SEPARATE SHEET OF PAPER

1. _____

Telephone: _____ Consultation dates: _____

2. _____

Telephone: _____ Consultation dates: _____

3. _____

Telephone: _____ Consultation dates: _____

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

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: _____
