

BASIC DATA FORM

INSTRUCTIONS: Type or print very carefully. It is important that each blank line have a response. "NA" means not applicable to your situation. If you do not know an answer, type "UNK" for unknown information. If lines are left blank, this Data Sheet may be returned for completion. **A copy of this form will be read by your former spouse.**

The following questions **do not** apply to the marriage you may be currently in or wish to enter. These questions are about *all* of the other marriages that you and your former spouse [hereafter "F/S"] have had. If you or your F/S had marriages prior to the one you shared with each other, please call the Tribunal before you proceed. If you or your F/S were ever *Catholic* in any way and *were never married by a Catholic Clergyman*, please call the Tribunal before you proceed. Our number is (318) 445-6424, Extension 263. Call between 8:00 – 12:30 and 1:30 – 4:30, Monday through Thursday.

PART I. Please give information about the marriage you wish to have reviewed by the Tribunal. Complete a separate form for each marriage to be reviewed. (If you had your marriage "blessed" or recognized by the Catholic Church, put the information relative to the blessing in the Catholic Church here; the civil marriage information is placed in Part IV #1 p. 2.)

1. Date of Marriage in Question: _____ Your Age Then: _____ Your F/S Age Then: _____
2. Name of Church / Facility of Marriage: _____
City, State of Marriage: _____
3. Date you and F/S first began to live together in the same dwelling (even if prior to any marriage): _____
4. Date you last lived together: _____ Date of Divorce: _____
5. Name of City, Civil Parish, State of Divorce: _____
6. Who filed for Divorce: _____
7. How many marriages of any kind have you had prior to this one? _____ Since this one? _____
8. How many marriages of any kind has your F/S had prior to this one? _____ Since this one? _____

PART II. Please give the following information about yourself. You will be called the "PETITIONER" in your case.

1. My full name _____
(Current) Last Name First Middle (MAIDEN) "Nickname or Name Used"
2. My complete address _____
City, State, Zip Code _____
3. Please give telephone number where you can be reached during the business day and any special instructions for calling you: _____
Please give your email you check regularly or fax where you are not afraid to receive personal information relative to your case: _____
4. My father's full name _____
Last Name First Middle
5. My mother's full name _____
(Current) Last Name First Middle (MAIDEN)
6. My date & place of birth is _____
Month Day Year City State

7. My baptismal status & church affiliation at the time of this wedding in question:

Baptized No Yes _____
Date Baptized (Joined) Religious Denomination Name of Church City, State

8. My current Occupation and place of employment is: _____

PART III. Please give the following information about your F/S who will be called the "RESPONDENT" in your case. QUESTIONS 1 THROUGH 9 OF THIS SECTION MUST BE COMPLETED. If you cannot complete this information, you must submit the separate form: Petitioner's Good Faith Efforts.

1. F/S full name _____
(Current) Last Name First Middle (MAIDEN) "Nickname or Name Used"

2. F/S complete address _____
City, State, Zip Code _____

Please give telephone number where F/S can be reached during the business day and any special instructions for calling F/S: _____

Please give F/S email, checked regularly, or fax where F/S is not afraid to receive personal information relative to this case:

3. F/S father's full name _____
Last Name First Middle

4. F/S mother's full name _____
(Current) Last Name First Middle MAIDEN

5. F/S date & place of birth is _____
Month Day Year City State

6. F/S baptismal status & church affiliation at the time of this wedding in question:
Baptized No Yes _____
Date Baptized (Joined) Religious Denomination Name of Church City, State

7. F/S current occupation and place of employment is _____

PART IV. Please give additional information about the marriage you wish the Tribunal to review.

1. If you had your civil marriage blessed or recognized by the Catholic Church indicate the date of the civil marriage. _____

Date and place where the marriage was blessed: _____

2. Did either of you administer baptism to the other before your wedding? Yes No

3. Were you and your F/S related by blood, legally or lived as though you were brother and sister or parent and child in any way whatsoever, (e.g. in-laws, adoption, step relationship)? Yes No

If "Yes," please explain relationship _____

4. Write a brief narrative that explains when, where, and how you and your former spouse met. Include in this narrative the length of your courtship, as well as the date and length of the engagement period. Also, denote if there were any breakups during the courtship and engagement, and the reasons, length(s) for the breakup(s). **Use only the space below.**

Your Age when you began dating: _____ Your F/S Age Then: _____

6. Please name the children born or adopted in this marriage and give dates of birth or adoption for each.

Full Name	Date of Birth or Adoption	By Birth or Adoption

7. What is the total number of children you have as a birth parent? _____ as an adoptive parent? _____
8. What is the total number of children your F/S has as a birth parent? _____ as an adoptive parent? _____
9. I am meeting all financial obligations to our child(ren). I generally fail to meet financial obligations to our children.
 I no longer have any financial obligations to our child(ren). Not applicable.
10. My F/S is meeting all financial obligations to our child(ren). My F/S generally fails to meet financial obligations to our children.
 My F/S no longer has any financial obligations to our child(ren). Not applicable.

PART V. Other Marriages

1. If the marriage being reviewed was NOT your only marriage, please identify all your spouses, dates and locations of marriages and dates of divorce or death (indicate divorce or death).

Name of Your Spouses	Date of Marriage	Church/Other	Date Ended	Death/Divorce
Present Spouse: Presently married? Complete 3d below.			Still Married	NA

Were any of your spouses whom you listed above married to someone else before marriage to you?
 Yes No If yes, please place an asterisk (*) to the left of their name(s).

2. If the marriage being reviewed was NOT F/S only marriage, please identify all F/S spouses, dates and locations of marriages and dates of divorce or death (indicate divorce or death) to the best of your knowledge.

Name of F/S Spouses	Date of Marriage	Church/Other	Date Ended	Death/Divorce
Present Spouse:			Still Married	NA

Were any of the spouses of your F/S whom you listed above married to someone else before marriage to your F/S?
 Yes No If yes, please place an asterisk (*) to the left of their name(s).

3. Please check the appropriate box(es) below.

a. I have not remarried. I do not presently have plans to marry.

I am, I am not actively dating.

b. I am participating in the RCIA or convert instructions at present.

c. I have plans to marry Name: _____

d. I have already remarried Name: _____

Officiant: _____

Place: _____

Date: _____

If you checked "c" or "d" above, please complete the following information which pertains either to your intended spouse or your present spouse.

e. Was this person ever baptized? Yes No If yes, what religion: _____

f. Has he/she been married before? Yes No All of his/her previous spouses are deceased. All of his/her previous marriages have been declared null by a Catholic Tribunal. Case(s) are now pending before the Diocesan Tribunal of Alexandria.

N.B. If your intended spouse or your present spouse has been married before to anyone in any way, his/her previous marriage must also be investigated by the Tribunal to determine whether he/she is free to marry you in the Catholic Church. If you have such a situation, he/she may begin his/her marriage case now by requesting a copy of this Data Sheet. Does not apply if all of his/her previous spouses have died or if a Catholic Church Tribunal has granted him/her a declaration of nullity.

4. Have you ever presented a marriage case to this Tribunal or any other Church court? Yes No

If "yes", where and when: _____

FORMAL REQUEST

I, the undersigned, request that the Tribunal of the Diocese of Alexandria declare the ecclesiastical invalidity of my consent to marriage to the above-named co-petitioner/respondent. I hereby accept whatever formulation of the grounds pursuant to this proposed declaration may be proposed by the Judicial Vicar. I will disclose all additional necessary information as required, and now do affirm that to the best of my knowledge all of the information included in this petition and attached thereto is true and correct.

A copy of this form will be read by your former spouse.

WITNESSES -- List at least five (5) people who were at least 14 years old at the time of your marriage and knew both you and your ex-spouse well **before** your marriage (usually, not your children).

Name of Witness/ Relationship to You	Address and Telephone Numbers

STATEMENT OF THE PETITIONER

A. The Original Basic Data Form is also given (mailed) to the Tribunal with the following attachments. (Check and enclose or this form will be returned for completion.)

- This Basic Data Form fully completed.
- Recently-issued, certified Baptismal Certificate(s) of Catholic principal(s) **with all notations.**
- Complete Official Louisiana State Marriage Application/License from the Marriage Recording Officer of the Clerk of Court's Office including notation of number of marriages or the equivalent in the state where you married. (If this is not the first marriage for either or both parties, all marriage licenses must be submitted.)
- Final Civil Divorce Decrees from all of your previous marriages.
- Two, handwritten character references: each person should state your full name, his/her full name, **cannot be related** to you and length of time known by you. In a **short** paragraph, each witness should state why you are trustworthy, and should be trusted in your sworn testimony about you former spouse and marriage.

B. I understand and agree to the following stipulations (check agreement):

- that there is no guarantee that an affirmative decision will be rendered by the Tribunal solely because I have made a petition;
- that the nature of these ecclesiastical proceedings is such that the decision on my petition for a declaration of invalidity of marital consent will take time and must be completed first. Therefore, no date for a new marriage in the Church can be set until and unless an affirmative decision is rendered and not overturned on appeal;
- that Louisiana Revised Statute 13:3734.2 states that all communication with the Tribunal is privileged, which means it cannot be obtained by any legal means for use in civil or criminal court, an administrative or legislative agency, or by way of disposition or other discovery procedure, and that canon law authorizes my former spouse and me as well as the Tribunal officials assigned to my case alone access to its contents;
- that, regardless of the decision of the Tribunal, the children of this marriage who were born legally legitimate remain legitimate.
- that it is my responsibility alone to notify the Tribunal promptly of changes of address, email and/or telephone number.
- that this BASIC DATA FORM will be copied and given to your F/S by Tribunal personnel who will make the contact and seek the cooperation of F/S.**

Printed name of Petitioner

I SWEAR THAT THE INFORMATION WHICH I HEREBY SUBMIT IS THE WHOLE TRUTH AND NOTHING BUT THE TRUTH.

Signature of Petitioner

Today's Date

MAKE A COPY OF EVERYTHING FOR YOURSELF!
DIOCESAN Tribunal of Alexandria
P. O. Box 7417
Alexandria, LA 71306 – 0417