

**ARCHDIOCESE OF KINGSTON**  
DIOCESAN TRIBUNAL  
390 Palace Road  
Kingston, Ontario, Canada  
K7L 4T3  
(613) 548-4461 (fax) 548-1228

DOCUMENTATION AND FEE STRUCTURE FOR PAULINE CASES

Following your interview, the necessary testimonies and letters will be obtained. As the case develops and data is gathered, we may have to call you for further information. Sometimes we required further witnesses for testimonies, clarification of any contradictions.

Documentation Required:

- Marriage Certificate of previous marriage
- Marriage Certificate of present marriage
- Certificate of Divorce
- Baptismal Certificates
  - Petitioner
  - Interested (Catholic) Third Party
  - Baptismal Certificates of any children

Testimonies will be absolutely required from the following:

- Parents
- Siblings
- Former Spouse or Letter to Former Spouse

Fee: \$300.00

The total cost for this process is \$300.00. We require \$100.00 while the tribunal is processing your file. The remaining balance of \$200.00 will be requested when you are notified by letter of our decision. Payment can be made by instalments if this would be more satisfactory. Cheques should be made payable to the *Archdiocese of Kingston*.

I must also bring to your attention that this office WILL NOT be held responsible for any wedding dates, which may have been arranged already, or that you may be contemplating.

I have read the above statements.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Witness

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**PAULINE PRELIMINARY APPLICATION FORM**

*(PLEASE PRINT)*

**THE PETITIONER**

1) Surname (Present): \_\_\_\_\_  
(Maiden): \_\_\_\_\_

Given names: \_\_\_\_\_

2) Address (including postal code): \_\_\_\_\_

3) Telephone numbers: \_\_\_\_\_

4) Occupation: \_\_\_\_\_

5) Date of Birth: \_\_\_\_\_

6) Religion (Current): \_\_\_\_\_  
(Previous): \_\_\_\_\_

7) Baptized: \_\_\_\_\_  
Date, church and place of baptism: \_\_\_\_\_

8) Is it your present intention to become a Roman Catholic? Yes  No

If yes, are you taking instruction? Yes  No

9) Name and address of church presently attending: \_\_\_\_\_  
\_\_\_\_\_

10) Parents names and addresses:

Father (full name): \_\_\_\_\_  
Religion: \_\_\_\_\_  
Address: \_\_\_\_\_

Mother (include maiden name): \_\_\_\_\_  
Religion: \_\_\_\_\_  
Address: \_\_\_\_\_

**THE RESPONDENT**

- 1) Surname (Present): \_\_\_\_\_  
    (Maiden): \_\_\_\_\_  
    Given names: \_\_\_\_\_
  
- 2) Address (including postal code): \_\_\_\_\_
  
- 3) Telephone numbers: \_\_\_\_\_
  
- 4) Occupation: \_\_\_\_\_
  
- 5) Date of Birth: \_\_\_\_\_
  
- 6) Religion (Current): \_\_\_\_\_  
    (Previous): \_\_\_\_\_
  
- 7) Baptized: \_\_\_\_\_  
  
    Date, church and place of baptism: \_\_\_\_\_
  
- 8) Name and address of church presently attending: \_\_\_\_\_  
    \_\_\_\_\_
  
- 9) Parents names and addresses:  
  
    Father (full name): \_\_\_\_\_  
    Religion: \_\_\_\_\_  
    Address: \_\_\_\_\_  
  
    Mother (include maiden name): \_\_\_\_\_  
    Religion: \_\_\_\_\_  
    Address: \_\_\_\_\_

**MARRIAGE INFORMATION**

1) Length of acquaintance before marriage? \_\_\_\_\_

2) Date and place of marriage (name, address and denomination of church)?  
(Include a copy of the Marriage Certificate) \_\_\_\_\_  
\_\_\_\_\_

3) Was this the first marriage for you? Yes  No

Was this the first marriage for your ex-spouse? Yes  No

**(If NO to either question, please complete section below)**

4) Names and birth dates of children of this marriage?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Date of final separation \_\_\_\_\_

6) Date and place of civil divorce: \_\_\_\_\_  
(Include a copy of Divorce Certificate)

7) Reasons for marriage breakdown? \_\_\_\_\_  
\_\_\_\_\_

8) Since the above divorce have you entered any other marriage(s)? Yes  No   
\_\_\_\_\_

**FORMER MARRIAGE OF PETITIONER** *(Please complete if you have been married before, and if more than once, please give details on page 4.)*

1) Where and when did this marriage take place (date, name, address and denomination of church)?  
\_\_\_\_\_

2) Name of the party this marriage was contracted with? \_\_\_\_\_

3) Religion of this person? \_\_\_\_\_

4) Where and when did a civil divorce take place? \_\_\_\_\_  
\_\_\_\_\_

- 5) Are you able to supply proof by obtaining documentation of this prior marriage?  
(i.e., Marriage Certificate and Divorce Decree) Yes  No

**FORMER MARRIAGE OF RESPONDENT** *(Please complete if you have been married before, and if more than once, please give details on page 4.)*

- 1) Where and when did this marriage take place (date, name, address and denomination of church)?

\_\_\_\_\_

- 2) Name of the party this marriage was contracted with? \_\_\_\_\_

- 3) Religion of this person? \_\_\_\_\_

- 4) Where and when did a civil divorce take place? \_\_\_\_\_

\_\_\_\_\_

- 5) Are you able to supply proof by obtaining documentation of this prior marriage?  
(i.e., Marriage Certificate and Divorce Decree) Yes  No

**DETAILS OF PRIOR MARRIAGES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSON YOU WISH TO MARRY IN THE CATHOLIC CHURCH**

1) Surname (Present): \_\_\_\_\_

Given names: \_\_\_\_\_

2) Address (including postal code): \_\_\_\_\_

3) Telephone numbers: \_\_\_\_\_

4) Occupation: \_\_\_\_\_

5) Date of Birth: \_\_\_\_\_

6) Religion (Current): \_\_\_\_\_  
(Previous): \_\_\_\_\_

7) Baptized: \_\_\_\_\_  
Date, church and place of baptism: \_\_\_\_\_

8) Name and address of church presently attending: \_\_\_\_\_  
\_\_\_\_\_

9) Marital status:      never married       divorced       widowed

10) INTERESTED CATHOLIC'S PARENTS' NAMES:  
Father: \_\_\_\_\_  
  
Mother: \_\_\_\_\_  
Mother's maiden name: \_\_\_\_\_

11) When did you begin your present relationship? \_\_\_\_\_

12) If you are currently in a civil marriage, please give date and place of marriage.  
(A copy of the Marriage Certificate will be required) \_\_\_\_\_  
\_\_\_\_\_

13) Names and birth dates of children of this marriage?  
\_\_\_\_\_  
\_\_\_\_\_

Have the children been baptized?                      Yes       No

**WITNESSES**

Please list the names of parents for the non-baptized. If a parent is deceased then we require the names of older siblings. The following witnesses must be informed of this matter and be willing to testify on your behalf when contacted by a delegate of our Office.

*PLEASE PRINT*

1. Name, address and telephone number of witness:

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2. Name, address and telephone number of witness:

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3. Name, address and telephone number of witness:

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\_\_\_\_\_  
Date

\_\_\_\_\_  
at (Place/Parish)

\_\_\_\_\_  
Signature of Parish Priest

\_\_\_\_\_  
Signature of Petitioner

This procedure is a matter of conscience only; it does not concern civil law nor does it have any effect on the civil status of the marriage or on the legitimacy of any children.

PLEASE FEEL FREE TO MAKE ANY REMARKS OR COMMENTS, IN THE SPACE PROVIDED:

Multiple horizontal lines for handwritten remarks or comments.

\_\_\_\_\_  
Date

\_\_\_\_\_  
at (Place/Parish)

\_\_\_\_\_  
Signature of Parish Priest

\_\_\_\_\_  
Signature of Petitioner