



THE TRIBUNAL

DIOCESE OF WHEELING-CHARLESTON
PO BOX 230
WHEELING, WV 26003

(304) 233-0880

PETITION FOR PAULINE PRIVILEGE

I, _____, born on _____ residing at
FULL MAIDEN NAME OF PETITIONER DATE

ADDRESS CITY STATE ZIP CODE

contracted marriage with _____, born on _____
FULL MAIDEN NAME OF RESPONDENT DATE

residing at _____
ADDRESS

CITY STATE ZIP CODE

This marriage took place on _____ at _____
DATE CITY, STATE AND COUNTY ZIP CODE

In the presence of _____ . A decree of divorce was granted at
TITLE OF OFFICIAL WITNESS

CITY STATE COUNTY ZIP CODE

on _____
DATE

I was unbaptized at the time of marriage, and I have reason to think that the other party to this marriage was also unbaptized. I earnestly desire to be baptized and to marry a Catholic in the Church. I humbly petition for the Bishop of Wheeling-Charleston to investigate the merits of my case and to allow me to make use of the Pauline Privilege, if the findings in the case warrant it.

The following necessary documents must be included with this petition:

- ☐ Certified copy of the marriage certificate and decree of divorce of the petitioner and respondent.
- ☐ Present name and address of the respondent.

Signature of Petitioner

Date

Signature of Advocate

Date

The petitioner lists herewith all living and available witnesses, not less than three, who might be called to testify as to the baptism or non-baptism of the petitioner. The testimony of parents and siblings is preferred; the closer your familial relationship to the witness, the more valuable the testimony. If your parents are deceased, please make note of that below.

1.

NAME	COMPLETE ADDRESS	RELATIONSHIP
2.

NAME	COMPLETE ADDRESS	RELATIONSHIP
3.

NAME	COMPLETE ADDRESS	RELATIONSHIP

The petitioner lists herewith all living and available witnesses, not less than three, who might be called to testify as to the baptism or non-baptism of the respondent. The testimony of parents and siblings is preferred; the closer the familial relationship to the witness, the more valuable the testimony. If parents are deceased, please make note of that below.

1.

NAME	COMPLETE ADDRESS	RELATIONSHIP
2.

NAME	COMPLETE ADDRESS	RELATIONSHIP
3.

NAME	COMPLETE ADDRESS	RELATIONSHIP

Signature of Petitioner

Date

NOTE TO PREIST RECOMMENDING PETITIONER: Upon request of the proofs and verification of the non-baptism of both parties, as well as the receipt of the necessary documents, the Tribunal will issue the Decree of Application of the Pauline Privilege. This decree cannot be issued before we receive official notification of the Christian baptism of the petitioner.

Signature of Advocate

Date

PARISH
SEAL

QUESTIONNAIRE FOR PAULINE PRIVILEGE - PETITIONER

1. Do you solemnly swear before God to tell the whole truth in answer to the following? _____
2. What was your religion at the time of marriage? _____
3. Were you ever baptized, sprinkled or christened? _____
 - a. If yes, how do you know? _____
 - b. Please give the following information:

_____ DATE OF BAPTISM	_____ NAME OF CHURCH	_____ ADDRESS OF CHURCH
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- c. Was this your first and only baptism? _____
4. Date and place of your birth? _____
5. Your father's name and address? _____

6. Your mother's (maiden) name and address? _____

7. Was your father ever baptized, sprinkled, or christened? _____
 - a. If yes, in what Church? _____
 - b. How often did he attend Church while you were in his care? _____
 - c. Did he believe that infants should be baptized? _____
8. Was your mother ever baptized, sprinkled, or christened? _____
 - a. If yes, in what Church? _____
 - b. How often did she attend Church while you were in her care? _____
 - c. Did she believe that infants should be baptized? _____
9. Did you live at home until your marriage with your former spouse was celebrated? _____
If not, please explain. _____

10. Did you attend Sunday School and/or Church Services? _____

- a. If yes, please give the name and address of the church(es) you attended.

NAME OF CHURCH

ADDRESS

NAME OF CHURCH

ADDRESS

NAME OF CHURCH

ADDRESS

- b. How often did you attend Sunday School and/or Church Services? _____

11. How many brothers and sisters do you have? _____

- a. Were any of your brothers and sisters ever baptized, sprinkled, or christened? _____

- b. If yes, please answer below:

NAME OF SIBLING

AGE

NAME OF CHURCH AND ADDRESS

NAME OF SIBLING

AGE

NAME OF CHURCH AND ADDRESS

NAME OF SIBLING

AGE

NAME OF CHURCH AND ADDRESS

NAME OF SIBLING

AGE

NAME OF CHURCH AND ADDRESS

NAME OF SIBLING

AGE

NAME OF CHURCH AND ADDRESS

NAME OF SIBLING

AGE

NAME OF CHURCH AND ADDRESS

- c. If any of your brothers or sisters were baptized **and you were not**, please explain why.

12. Was your former spouse ever baptized, sprinkled or christened? _____

a. If yes, please give the following information:

DATE OF BAPTISM	NAME OF CHURCH	ADDRESS OF CHURCH
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b. Was this his/her first and only baptism? _____

13. Was your marriage to your former spouse the first marriage for both of you? _____

If not, please explain. _____

Please give the following information for each previous marriage:

NAME OF PARTY	DATE OF MARRIAGE	PLACE OF MARRIAGE
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NAME OF PARTY	DATE OF MARRIAGE	PLACE OF MARRIAGE
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NAME OF PARTY	DATE OF MARRIAGE	PLACE OF MARRIAGE
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14. When did you separate? (Give month and year) _____

15. Why did this union fail? _____

16. Is there any hope of you and your former spouse being reconciled? _____

Please explain: _____

17. Have you already remarried? _____ If yes, date of marriage: _____

a. Name of current spouse: _____

b. What is the status of present spouse before this marriage? ☐ Single ☐ Married ☐ Divorced

c. Were you or your present spouse responsible for the breakup of your marriage to your former spouse? _____

Please explain: _____

18. If you have not yet remarried, please provide the following information:

NAME OF FIANCÉ ADDRESS

RELIGION OF FIANCÉ CURRENT MARITAL STATUS

19. Has your former spouse remarried? _____ If yes, when did this marriage take place? _____

20. Did anyone tell you how to answer these questions? _____

21. Do you have any other information or comments? _____

SIGNATURE OF PETITIONER DATE

SIGNATURE OF ADVOCATE DATE

NAME OF PARISH

PARISH
SEAL

NOTE TO ADVOCATE: Please state why you are convinced that the petitioner is telling or not telling the truth, and make any other observation that may be helpful in evaluating the worth of his/her petition.