



**Office of Canonical Affairs
and the Tribunal
Diocese of Arlington
200 North Glebe Road, Suite 524
Arlington, VA 22203-3728
703-841-2555**

**FACT SHEET FOR INTRODUCTION OF A
PRIVILEGE OF THE FAITH CASE**

PROCEDURE: The following information is required in order to introduce a Privilege of the Faith case. Please fill out ALL information accurately and completely. Type or **print legibly** in black ink only. Return it to your Advocate or to the Tribunal. An initial payment of **\$100.00** made payable to the Catholic Diocese of Arlington must accompany this Fact Sheet. The total fee for this process is **\$475.00**. Upon receipt of this information, a more detailed questionnaire will be sent to the Petitioner by the Tribunal along with a request for the appropriate civil/ecclesiastical documents (e.g., baptismal certificates for ALL Catholic parties, marriage license/applications for ALL unions, final divorce decrees for ALL unions). Note that good quality photocopies of documents are acceptable.

1. Advocate (e.g., Priest/Deacon)

Name: _____ Parish: _____

2. Parties to the Marriage (Full Legal Name – include Maiden Name, if applicable)

Petitioner: Mr. Mrs. Ms. Miss Dr. _____

Respondent: Mr. Mrs. Ms. Miss Dr. _____

3. You, the Petitioner

Current Legal Name: _____
First Middle Last Suffix

Maiden Name, if applicable: _____

Address: _____
Street Address (including Apt/Unit Number) City State Zip Code

Phone: _____
Home Work Cell

E-mail: _____

Date of Birth: _____ Place of Birth: _____
(City, State, Country)

Petitioner's Religious Status

Baptismal Status: Baptized Unbaptized Unknown

❖ If you have been baptized, christened or sprinkled in any religion, specify which one:

Catholic (Latin) Orthodox

Catholic (Eastern) Protestant, what denomination? _____

❖ Date of Baptism: _____

❖ Present Religion: _____

❖ Are you currently under instruction in the Catholic Church (that is, are you a catechumen or a candidate for full communion in the Catholic Church through the R.C.I.A.)? Yes No

❖ If not, would you be willing to take instructions to become Catholic? Yes No



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Petitioner's Parents Information

Father's Name: _____
First Middle Last Suffix

Address: _____
Street Address (including Apt/Unit Number) City State Zip Code

Relationship: Biological Adoptive Stepfather

Is your father living? Yes No Unknown

Would he be able to give testimony? Yes No

Mother's Name: _____
First Middle Last Suffix

Address: _____
Street Address (including Apt/Unit Number) City State Zip Code

Relationship: Biological Adoptive Stepmother

Is your mother living? Yes No Unknown

Would she be able to give testimony? Yes No

Are your parents still married to each other? Yes No

If either of them have died, were they still married at that point in time? Yes No

Petitioner's Siblings Information

How many brothers and sisters do you have?

____ Older Brother(s) ____ Younger Brother(s) ____ Older Sister(s) ____ Younger Sister(s) ____ Twin ____ Multiple

Are any of your siblings divorced/remarried? Yes No

❖ If yes, please indicate who: _____

Petitioner's Marriage(s)

How many times have you been married (in a church, civil ceremony or even by common law) including your present union? _____

List your marriage information in order of marriage date (i.e., earliest marriage first).

Name of Spouse	Date of Marriage <small>(mm/dd/yyyy)</small>	Place of Marriage <small>(City, State, Country)</small>	Living?
a. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Has a Catholic Church court given a decision in any of these marriages, e.g., annulment, lack of form or privilege case?
 Yes No

- ❖ If yes, please give name of Tribunal, date and grounds. List below starting with earliest decision first.
- ❖ **If no, please discuss this with your Advocate as soon as possible.**

Name of Tribunal/Diocese	Date of Decision (mm/dd/yyyy)	Grounds
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

4. Your Former Spouse, the Respondent

Have you contacted the Respondent to inform him/her that you have begun this process?
 Yes No **If no, please do so as soon as possible.**

Current Legal Name: _____
First Middle Last Suffix

Maiden Name, *if applicable*: _____

Address: _____
Street Address (including Apt/Unit Number) City State Zip Code

Phone: _____
Home Work Cell

E-mail: _____

Date of Birth: _____ Place of Birth: _____
(City, State, Country)

Respondent's Religious Status

Baptismal Status: Baptized Unbaptized Unknown

- ❖ If the Respondent has been baptized, christened or sprinkled in any religion, specify which one:

- Catholic (Latin) Orthodox
- Catholic (Eastern) Protestant, what denomination? _____

❖ Date of Baptism: _____

❖ Present Religion: _____



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Respondent's Parents Information

Father's Name: _____
First Middle Last Suffix

Address: _____
Street Address (including Apt/Unit Number) City State Zip Code

Relationship: Biological Adoptive Stepfather
 Is the Respondent's father living? Yes No Unknown
 Would he be able to give testimony? Yes No

Mother's Name: _____
First Middle Last Suffix

Address: _____
Street Address (including Apt/Unit Number) City State Zip Code

Relationship: Biological Adoptive Stepmother
 Is the Respondent's mother living? Yes No Unknown
 Would she be able to give testimony? Yes No

Are the Respondent's parents still married to each other? Yes No
 If either of them have died, were they still married at that point in time? Yes No

Respondent's Siblings Information

How many brothers and sisters does the Respondent have?

____ Older Brother(s) ____ Younger Brother(s) ____ Older Sister(s) ____ Younger Sister(s) ____ Twin ____ Multiple

Are any of the Respondent's siblings divorced/remarried? Yes No

❖ If yes, please indicate who: _____

Respondent's Marriage(s)

How many times has the Respondent been married (in a church, civil ceremony or even by common law)? _____

List the Respondent's marriage information in order of marriage date (i.e., earliest marriage first).

Name of Spouse	Date of Marriage <small>(mm/dd/yyyy)</small>	Place of Marriage <small>(City, State, Country)</small>	Living?
a. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No



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8. Your Intended/Current Spouse

Current Legal Name: Mr. Mrs. Ms. Miss Dr. _____

Address: _____
Street Address (including Apt/Unit Number) City State Zip Code

Relationship: Intended Spouse Current Civil Spouse

Religion: _____

Baptismal Status: Baptized Catholic Baptized Non-Catholic Unbaptized Unknown

How many times has your Intended/Current Spouse been married (in a church, civil ceremony or even by common law) including your present union? _____

List your Intended/Current Spouse's marriage information in order of marriage date (i.e., earliest marriage first).

Name of Spouse	Date of Marriage (mm/dd/yyyy)	Place of Marriage (City, State, Country)	Living?
a. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has a Catholic Church court given a decision in any of these marriages, e.g., annulment, lack of form or privilege case?
 Yes No

❖ If yes, please give name of Tribunal, date and grounds. List below starting with earliest decision first.

❖ **If no, please discuss this with your Advocate as soon as possible.**

Name of Tribunal/Diocese	Date of Decision (mm/dd/yyyy)	Grounds
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

9. Please note if the religion of either party has changed during or after the marriage.