

ECCLESIASTICAL PETITION FOR DISPENSATION AND DECREE OF NULLITY

I, _____, do hereby submit to the Ecclesiastical Jurisdiction of The Most Reverend David Leon Cooper, O.M.M., bishop of the Orthodox Catholic Order of the Missionaries of Mercy, and plead for Apostolic Dispensation and finding of nullity with regards to my marriage to _____.

I submit that the marriage was not valid due to one or more of the following reasons:

(Check space(s) that apply)

*Lack of Baptism HE: _____ SHE: _____
(At the time of the marriage)

*If one of the parties was not baptized at the time of the marriage, did a bishop grant a dispensation for the lack of baptism? Yes: _____ No: _____

*Check here if you do not know if a dispensation was granted _____

*What type of clergy performed the marriage? _____
(Denomination) (Title) (Indicate if Priest, Rabbi, Judge, Minister, etc)

*Intention Against Children: HE: _____ SHE: _____

*Intention Against Permanence: HE: _____ SHE: _____

*Intention Against Fidelity: HE: _____ SHE: _____

*Force and Fear/Reverential Fear: HE: _____ SHE: _____
(Made to marry by force or fear or even fear of being in sin)

*Defective Convalidation: HE: _____ SHE: _____
(No true mutual consent)

*Substantial Error: HE: _____ SHE: _____
(So many lies or falsehoods about the personhood or character to be highly deceitful or fraudulent)

*Lack of Due Discretion: HE: _____ SHE: _____
(Did not really take the marriage seriously from the beginning)

*Defective Consent: HE: _____ SHE: _____

(Did not really consent at the time of marriage due to any reason; this could be a mental problem or simply did not intend it)

*Incapacity to Develop a Community of Life and Love: HE: _____ SHE: _____
(Could be such a psychological, or otherwise emotional defectiveness that cognition of marital responsibilities were not possible; this is a total inability to comprehend or participate in a marital relationship)

Psychic Incapacity Due to:

*Alcoholism: HE: _____ SHE: _____

*Drugs: HE: _____ SHE: _____
(Could be illicit or abuse of prescribed medication)

*Homosexuality: HE: _____ SHE: _____

*Mental or emotional illness: HE: _____ SHE: _____

*Conditions (Medical): HE: _____ SHE: _____

Provide explanation:

*Was there adultery during the marriage? Yes: _____ No: _____

*Who officiated? _____
(Priest, Minister, Civil Official, Other)

*Is spouse still living? Yes: _____ No: _____

SOLEMN DECLARATION:

I hereby certify that the above statements are true and accurate to the best of my knowledge.

I hereby certify that I have been counseled by the officiating priest that I must enter into the sacrament of Holy Matrimony with an especially sincere and contrite heart so that I do not blaspheme the Holy Spirit. This is especially true if I am to receive Holy Communion at the Wedding Rite. I further certify that I have examined myself in this regard and will continue to do so until and including the moment of the reception of the Sacraments.

Date: _____

By: _____

Name: _____

(Please Print)

Please call our offices at (818) 390-1452 for pricing information.

Once you have the pricing information, attach a copy of your civil divorce decree and your check or money order made out to The St. Mary Institute, along with the completed petition and mail to:

The St. Mary Institute
18533 Roscoe Blvd. PMB 195
Northridge, CA 91324

You may also pay the fees by credit card. Please fill out the following information:

Credit Card Type: _____

Credit Card Number: _____

Credit Card Security Code _____

(Location of CVV2)

The CVV2 is a 3- or 4-digit value printed on the back of your credit/debit card or signature strip, but not encoded on the magnetic stripe

Visa, Mastercard & Discover (3 digit)



CVV2#:

American Express (4 digit)



CVV2#:

Expiration Date: _____

Cardholder Name: _____

Complete Billing Address:

Name _____

Street _____

City _____

State / Zip _____ / _____

Telephone Number: _____

E-mail address (Optional): _____

Annulment fees are refundable only if Bishop David Leon Cooper will not grant the Petition.