



\*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 Archbishop David Cooper, along with the completed petition and mail to:

Archbishop David Cooper  
9250 Reseda Blvd. PMB 264  
Northridge, CA 91324

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

Credit Card Charge (Fee): \_\_\_\_\_

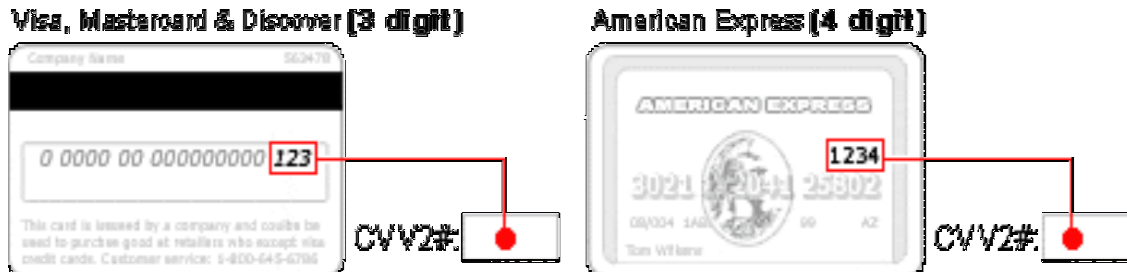
Credit Card Type: \_\_\_\_\_

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



Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Your Complete Billing Address:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State / Zip \_\_\_\_\_ / \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail address (Optional): \_\_\_\_\_

Your Complete Mailing Address if not same as billing address above:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State / Zip \_\_\_\_\_ / \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail address (Optional): \_\_\_\_\_

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