



OFFICE OF THE TRIBUNAL
DIOCESE OF ERIE
429 East Grandview Boulevard
P.O. Box 10397
Erie, PA 16514 0397
814-824-1140 Fax 814-824-1149

**PAULINE PRIVILEGE
PETITIONER-RESPONDENT QUESTIONNAIRE**

Concerning the marriage of: _____ and _____

1. Full Name of Husband _____

Address _____ City _____ State _____ Zip _____

Phone _____

2. Full Name of Wife (including Maiden) _____

Address _____ City _____ State _____ Zip _____

Phone _____

3. When and where were you married? (Please give COMPLETE information.)

Date _____ Place (Church) _____

Address _____ City _____ State _____ Zip _____

4. How many children were born of this marriage? _____

5. Please state the name and date of birth for each child (use back of this sheet if necessary).

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

6. Were any of your children baptized? If yes, please state the child's name, church of baptism and date of baptism.

Name _____ Date of Baptism _____

Church Address _____ City _____ State _____ Zip _____

Name _____ Date of Baptism _____

Church Address _____ City _____ State _____ Zip _____

Name _____ Date of Baptism _____

Church Address _____ City _____ State _____ Zip _____

Name _____ Date of Baptism _____

Church Address _____ City _____ State _____ Zip _____

7. When did you finally separate from your former spouse? _____

8. Date when was the civil divorce decree was issued? _____

9. What was the reason for the break-up of your marriage? _____

10. Were you baptized either before or during the time of your marriage to your former spouse? _____

If no, please explain why:

11. If you were baptized either before or during the marriage in question, please give the following information:

Date of Your Baptism _____

Church Address _____ City _____ State _____ Zip _____

12. Were you baptized after the break-up of the marriage? _____ If yes, please give the following information:

Date of Baptism _____

Church Address _____ City _____ State _____ Zip _____

13. What was the religion of your father? _____

14. How actively did he practice his religion? _____

15. What was the religion of your mother? _____

16. How actively did she practice her religion? _____

17. What churches did your parents attend?

Name/Denomination _____

Church Address _____ City _____ Zip _____

Years parents attended this church _____

Name/Denomination _____

Church Address _____ City _____ Zip _____

Years parents attended this church _____

18. Please list the following information about your siblings. (Use other side of paper if needed for additional siblings.)

Name _____ Age _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Age _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Age _____ Phone _____

Address _____ City _____ State _____ Zip _____

19. Were any of your siblings baptized? If yes, please give the following information: (Use other side of paper if needed for additional siblings.)

Name _____ Age _____ Denomination _____

Church Address _____ City _____ State _____ Zip _____

Name _____ Age _____ Denomination _____

Church Address _____ City _____ State _____ Zip _____

Name _____ Age _____ Denomination _____

Church Address _____ City _____ State _____ Zip _____

20. Please list the name and complete address of any church with which you and your family were affiliated at any time before or during the marriage in question. (Use other side to list additional Churches.)

Name of Church _____ How often attended _____

Church Address _____ City _____ State _____ Zip _____

Name of Church _____ How often attended _____

Church Address _____ City _____ State _____ Zip _____

21. Was your former spouse baptized either before or during the time of your marriage? _____
If no, please explain why:

22. Please list the name and complete address of any church with which your former spouse and his/her family were affiliated at any time before or during the marriage in question. (Use other side to list additional Churches.)

Name of Church _____ How often attended _____

Church Address _____ City _____ State _____ Zip _____

Name of Church _____ How often attended _____

Church Address _____ City _____ State _____ Zip _____

23. If your former spouse was baptized after the break-up of the marriage in question, please give the following information:

Date of his/her Baptism: _____

Church Address: _____ City: _____ State: _____ Zip: _____

24. Please provide the name and address of two persons who can verify your baptismal status prior to, during, and after the marriage in question.

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

25. Please provide the name and address of two persons who can verify the baptismal status of your former spouse prior to, during, and after the marriage in question

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

26. Do you have any desire to reestablish a marital relationship with your former spouse? _____

Please explain why:

27. Does your former spouse have any desire to reestablish a marital relationship with you? _____

Please explain why:

28. Do you attest that you have answered these questions truthfully, to the best of your knowledge?

Signature

Signature of Priest/Auditor

Date

Name of Church - City/State

Church Seal