



# Archdiocese of Galveston-Houston

## Metropolitan Tribunal

P.O. Box 907 • Houston, TX 77001-0907 • (713) 807-9286

*DSF Supported*

### PAULINE PRIVILEGE PETITION

*Please Type or Print*

**PETITIONER INFORMATION** (Yourself)  Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_  Male  Female

Name: \_\_\_\_\_  
First Name Middle Name Present Last Name *If female, Maiden Name*

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City / State of Birth: \_\_\_\_\_

Have you ever been baptized, christened, or sprinkled in any of the Christian religions? \_\_\_\_\_

If so, indicate the approximate date \_\_\_\_\_ Denomination: \_\_\_\_\_

Name of Church: \_\_\_\_\_ City/State: \_\_\_\_\_  
(Submit a copy of the baptismal certificate, if applicable.)

Is it your intention to be baptized Christian/Catholic? \_\_\_\_\_

Are you currently enrolled in RCIA? \_\_\_\_\_ Or have completed instructions to become Catholic? \_\_\_\_\_

**RESPONDENT INFORMATION** (Your former spouse)  Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_  Male  Female

Name: \_\_\_\_\_  
First Name Middle Name Present Last Name *If female, Maiden Name*

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City / State of Birth: \_\_\_\_\_

Has your former spouse ever been baptized, christened, or sprinkled in any of the Christian religions? \_\_\_\_\_

If so, indicate the approximate date \_\_\_\_\_ Denomination: \_\_\_\_\_

Name of Church: \_\_\_\_\_ City/State: \_\_\_\_\_

What religion did your former spouse practice at the time of the marriage? \_\_\_\_\_

Is it your former spouse's intention to be baptized Christian/Catholic? \_\_\_\_\_

**THE FORMER MARRIAGE** (Submit a certified copy of the civil marriage license.)

When did it take place? \_\_\_\_\_

Where did it take place? \_\_\_\_\_

Your age at the time of the marriage: \_\_\_\_\_ Respondent's age: \_\_\_\_\_

Had you or your former spouse been married before? \_\_\_\_\_

**CIVIL DIVORCE** (Submit a certified copy of the final decree of divorce.)

When was it granted? \_\_\_\_\_

Where did it take place? \_\_\_\_\_

Is it possible that you and your former spouse could be reconciled with each other? \_\_\_\_\_

**YOUR MARITAL HISTORY** (Complete the following information for each previous marriage for yourself. Note the date of separation, not the date of divorce.)

Name of Spouse	Date of Marriage	Date of Separation (not date of divorce)
----------------	------------------	--


**CHILDREN OF THE MARRIAGE**

Where any children born of this marriage? \_\_\_\_\_ If so, how many? \_\_\_\_\_

Who has custody of them? \_\_\_\_\_

Give the full names of the children and their baptismal information:

Name of Child	Church of Baptism	City, State	Date of Baptism/Birth
---------------	-------------------	-------------	-----------------------


**TELL US, IN YOUR OWN WORDS,** why you feel this marriage did not work out.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YOUR RELIGIOUS UPBRINGING**

Did your father actively practice any religion? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Did he ever express strong beliefs, either way, regarding having children baptized and/or regarding their religious choice? \_\_\_\_\_

Did your mother actively practice any religion? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Did she ever express strong beliefs, either way, regarding having children baptized and/or regarding their religious choice? \_\_\_\_\_

As best as you can, describe your parents' feelings about religious choice for their children. If your parents or guardians chose not to have you baptized, indicate their reasons, if you know them.

---

---

If you have any sisters or brothers, were they baptized in any faith during their younger years? \_\_\_\_\_

Were you ever under the care of others (grandparents, aunts or uncles, older sisters or brothers)? \_\_\_\_\_

a) If you were, indicate your age then: \_\_\_\_\_

b) List the name and address of these guardians:

---

---

c) What was the religious preference of these guardians? \_\_\_\_\_

Did you ever attend any church or Sunday School? \_\_\_\_\_ If so, indicate the name of the church, the address, city and state and the years of attendance.

---

---

**WITNESSES FOR THE PETITIONER** (Yourself)

List the names and addresses of parents, brothers, sisters or other relatives who would be willing to answer some questions concerning your baptismal status. Please ask for their permission before you list their names. You must submit at least three people.

Mr. Mrs. Ms. Dr. Other \_\_\_\_\_ Phone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Name \_\_\_\_\_ Email: \_\_\_\_\_

*First Name Middle Name Last Name*

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Year this witness met you? \_\_\_\_\_ Relationship \_\_\_\_\_

---

Mr. Mrs. Ms. Dr. Other \_\_\_\_\_ Phone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Name \_\_\_\_\_ Email: \_\_\_\_\_

*First Name Middle Name Last Name*

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Year this witness met you? \_\_\_\_\_ Relationship \_\_\_\_\_

---

Mr. Mrs. Ms. Dr. Other \_\_\_\_\_ Phone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Name \_\_\_\_\_ Email: \_\_\_\_\_

*First Name Middle Name Last Name*

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Year this witness met you? \_\_\_\_\_ Relationship \_\_\_\_\_

---

**RELIGIOUS UPBRINGING OF THE RESPONDENT** (Your former spouse)

Did the father actively practice any religion? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Did the father ever express strong beliefs, either way, regarding having children baptized and/or regarding their religious choice? \_\_\_\_\_

Did the mother actively practice any religion? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Did the mother ever express strong beliefs, either way, regarding having children baptized and/or regarding their religious choice? \_\_\_\_\_

As best as you can, describe your former spouse parents' feelings about religious choice for their children. Indicate their reasons, for not having your former spouse baptized, if you know them:

---

---

If your former spouse has any sisters/brothers, were they baptized in any faith during their younger years? \_\_\_\_\_

Was your former spouse ever under the care of others (grandparents/aunts/uncles/older sisters/brothers)? \_\_\_\_\_

a) If so, indicate your former spouse's age then: \_\_\_\_\_

b) List the name and address of these guardians:

---

---

c) What was the religious preference of these guardians? \_\_\_\_\_

Did your former spouse ever attend any church or Sunday School? \_\_\_\_\_ If so, indicate the name of the church, the address, city and state and the years of attendance.

---

---

**WITNESSES FOR THE RESPONDENT** (You former spouse)

If your former spouse was not baptized, list the names and complete addresses of parents, brothers, sisters or other relatives of your former spouse who would be willing to answer some questions concerning your former spouse's baptismal status. Submit at least three people.

Mr. Mrs. Ms. Dr. Other \_\_\_\_\_ Phone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Name \_\_\_\_\_ Email: \_\_\_\_\_  
*First Name Middle Name Last Name*

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Relationship \_\_\_\_\_

**WITNESSES FOR THE RESPONDENT** (You former spouse) continued

Mr. Mrs. Ms. Dr. Other \_\_\_\_\_ Phone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_  
Name \_\_\_\_\_ Email: \_\_\_\_\_  
*First Name Middle Name Last Name*  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Relationship \_\_\_\_\_

---

Mr. Mrs. Ms. Dr. Other \_\_\_\_\_ Phone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_  
Name \_\_\_\_\_ Email: \_\_\_\_\_  
*First Name Middle Name Last Name*  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Relationship \_\_\_\_\_

---

**YOUR INTENDED OR CURRENT SPOUSE'S MARITAL STATUS** (If remarried, submit a certified copy of the civil marriage license)

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_  Male  Female

Name of the person you wish to marry:

\_\_\_\_\_  
*First Name Middle Name Present Last Name If female, Maiden Name*

Date/Place of Birth: \_\_\_\_\_

Has this person ever been baptized, christened, or sprinkled in any of the Christian religions? \_\_\_\_\_

If so, indicate the approximate date \_\_\_\_\_ Denomination: \_\_\_\_\_

Name of Church: \_\_\_\_\_ City/State: \_\_\_\_\_  
*(Submit the baptismal certificate for this person)*

Was this person ever married before? \_\_\_\_\_ How many times? \_\_\_\_\_

If any children have been born of your current marriage, provide us with their names and baptismal information:

Name of Child	Church of Baptism	City, State	Date of Baptism/Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, the Petitioner, solemnly swear that the information given in this petition is the whole truth, so help me God.

\_\_\_\_\_  
Signature of the Petitioner

\_\_\_\_\_  
Signature of Case Sponsor

\*\*\*PARISH SEAL\*\*\*

\_\_\_\_\_  
Date signed

CASE SPONSOR: *Priest, Deacon or designated Lay Person who completed this petition.  
This petition will NOT be accepted without a Case Sponsor.*

Msgr. Rev. Deacon Mr. Mrs. Ms. Dr. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Address: Church or Home

Phone Numbers: Home: (            ) \_\_\_\_\_ Work/Cellular: (            ) \_\_\_\_\_

Case Sponsor's Parish: \_\_\_\_\_ City/State: \_\_\_\_\_

**REQUIRED DOCUMENTS**

- A certified copy of the marriage license of the Petitioner and the Respondent.
- A certified copy of the divorce decree of the Petitioner and the Respondent.

→ Mail this completed, six-page petition to:

Archdiocese of Galveston-Houston  
Metropolitan Tribunal  
P.O. Box 907  
Houston, TX 77001-0907

Telephone: (713) 807-9286