

*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
18533 Roscoe Blvd. PMB 195
Northridge, CA 91324

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

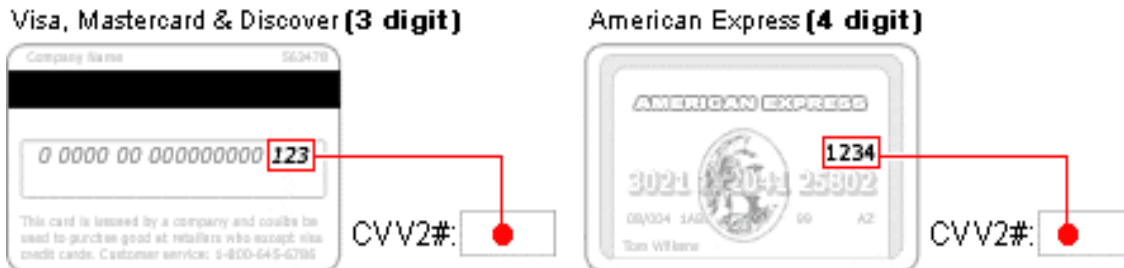
Credit Card Charge (Fee): _____

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.