

# 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., Archbishop 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 1-818-390-3980 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

Visa, Mastercard & Discover (3 digit)



American Express (4 digit)



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.