

ARCHDIOCESE OF LOS ANGELES
OFFICE OF THE VICAR FOR CANONICAL SERVICES
 3424 Wilshire Boulevard
 Los Angeles, CA 90010-2241
 Tel.: (213) 637-7888
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PETITION FOR DISPENSATION FROM CANONICAL FORM

Catholic Party	Other Party
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Telephone: (_____) _____	Telephone: (_____) _____
Religion: _____	Religion: _____
Parish: _____	Institution: _____
Address: _____ _____	Address: _____ _____
Telephone: (_____) _____	Rite: _____

WEDDING INFORMATION	
Date of Wedding: _____	Place of Wedding: _____
Address: _____	
Diocese: _____	Name & Denomination of Officiant: _____

Name of any Catholic Priest to attend: _____	
Telephone (of Catholic Priest to attend): (_____) _____	

Most Reverend Archbishop:

The Catholic party named above hereby petitions for a Dispensation from the Canonical Form of Marriage (can. 1127, §2). This dispensation is requested for the following serious reason(s):

- | | |
|--|---|
| † To achieve family harmony and avoid alienation
† Close family connection with the particular Church
† Other: _____ | † Special friendship with the officiant
† To obtain parental agreement to the marriage |
|--|---|

_____ Signature of Pastor/Parochial Vicar	_____ Parish
_____ Print Name of Pastor/Parochial Vicar	_____ Address
_____ Date	_____ City/Zip
_____ Telephone	

In accordance with Canon 1127, §2, I hereby grant the requested Dispensation from Canonical Form, <i>servatis de iure servandis</i> .	
By: _____ Archbishop of Los Angeles/Vicar/Delegate	Date: _____