



Diocesan Tribunal

Diocese of Rockford
555 Colman Center Drive * P.O. Box 7044 * Rockford, IL 61125 * 815-399-4300 * Fax 815-399-4861
TribunalOffice@RockfordDiocese.org

TO REQUEST A REPLACEMENT COPY OF ANY DECREE OF INVALIDITY

- Please print and complete a form for each Decree requested.
- Mail to the Tribunal with a self-addressed stamped envelope and a check made out to the “**Diocesan Tribunal**” in the amount of \$10.00 for each Decree.
- A copy of a state-issued photo ID with your current address (This can be a copy of your current driver’s license)

DATE: _____

WOMAN’S NAME: (please print)

(First) (MI) (Last) (Maiden)

MAN’S NAME: (please print)

(First) (MI) (Last)

Approximate date Decree of Invalidity was granted: _____

Your current name and address: _____
(please print)

Daytime phone number: _____

If you have any questions, please call the Tribunal at 815-399-4300.