



DIOCESAN CLERICAL COUNCIL FOR FAMILY AFFAIRS (DCCFA)

DIocese of OHIO, MICHIGAN AND INDIANA



Please read the following instructions carefully before completing the attached application.

NEW CASE APPLICATION INSTRUCTIONS

The Application Consists of the Following Main Parts:

- I. Counseling Priest Report
- II. Applicant Information
- III. Spouse Information
- IV. Children Information
- V. Marriage & Divorce Information
- VI. Case Summary
- VII. Supporting Documents, Certificates and Photographs
- VIII. Declaration of Veracity
- IX. Authorization, Release and Waiver
- X. Appendix: Checklist

If you are applying for an Ecclesiastical Marriage Permit (EMP), please follow the steps below:

1. Hand the page entitled “Counseling Priest Report” to the Priest that was involved in the counseling of the marriage. Ask the priest to fill out and send his report to the Diocesan Clerical Council for Family Affairs by regular mail to the address below or via email: DCCFA@omicopts.org

Please note that your application will remain “incomplete” and will not be studied until the DCCFA receives the “Counseling Priest Report”.

2. Complete the attached application in its entirety. When the application is complete, press print it out to mail in a hard copy. In the alternative, download the PDF Application and clearly and legibly print your answers by hand.
3. Prepare a Check in the amount of \$100.00 USD paid to the order of “Coptic Orthodox Diocese of Ohio.” On the memo line, write “DCCFA Application Fee”. Include your check with your application.
4. Mail your completed application along with copies of the supporting documents, certificates, photographs of Applicant and Former Spouse and the check by regular mail to the following DCCFA address:

**Coptic Orthodox Diocese - DCCFA
P.O. Box 80824
Rochester, MI 48308**

Incomplete applications or missing/partial fees may also result in delay of processing the case.

The applicant is responsible to notify the DCCFA by email of any change of address or contact information.



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I. COUNSELING PRIEST REPORT

To be sent by the counseling priest directly to the DCCFA by email to: DCCFA@omicopts.org or by regular mail to the DCCFA address. This report is not to be shared with the applicant nor with the spouse.

COUNSELING PRIEST NAME:	
TELEPHONE NUMBER:	
EMAIL:	
CHURCH: (NAME & LOCATION)	

INFORMATION ABOUT THE COUPLE:

APPLICANT'S FULL NAME:	
SPOUSE'S FULL NAME:	

Dear Father, please write a summary below of the case and the reasons why the marriage failed. Please include any information (if applicable) on Psychiatric illnesses, disorders, Addictions, Smoking, Drugs, Alcohol, Abuse, Pornography, Perverted Sex, Adultery, Gambling, etc.

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Signature of the Priest: _____ Date: _____

Please feel free to use extra paper if needed. The DCCFA will only study the case when it receives this report.



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APPLICATION FOR ECCLESIASTICAL MARRIAGE PERMIT (EMP)

II. APPLICANT INFORMATION:

FULL LEGAL NAME: <i>FIRST MIDDLE(S) LAST</i>	
DATE OF BIRTH: <i>YYYYMMDD</i>	
PLACE OF BIRTH:	
NATIONALITY: <i>LIST ALL NATIONALITIES CONCURRENTLY POSSESSED</i>	
OCCUPATION:	
CURRENT RESIDENCE ADDRESS:	
PHONE NUMBER: <i>CELL, HOME</i>	
E-MAIL ADDRESS:	
IMMIGRATION STATUS IN COUNTRY OF RESIDENCE:	
DENOMINATION:	
DIOCESE:	
BISHOP:	
PARISH CHURCH:	
FATHER CONFESSOR AND HIS CHURCH:	
CURRENT MARITAL STATUS:	



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III. SPOUSE INFORMATION: *(THE OTHER PARTY SUBJECT TO THIS APPLICATION)*

FULL LEGAL NAME: <i>FIRST MIDDLE(S) LAST</i>	
DATE OF BIRTH: <i>YYYYMMDD</i>	
PLACE OF BIRTH:	
NATIONALITY: <i>LIST ALL NATIONALITIES CONCURRENTLY POSSESSED</i>	
OCCUPATION:	
CURRENT RESIDENCE ADDRESS:	
PHONE NUMBER: <i>CELL, HOME</i>	
E-MAIL ADDRESS:	
IMMIGRATION STATUS IN COUNTRY OF RESIDENCE:	
DENOMINATION:	
DIOCESE:	
BISHOP:	
PARISH CHURCH:	
FATHER CONFESSOR AND HIS CHURCH:	
CURRENT MARITAL STATUS:	



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IV. CHILDREN INFORMATION:

FULL NAME <i>(FIRST MIDDLE LAST)</i>	DATE OF BIRTH <i>(YYYYMMDD)</i>

V. MARRIAGE & DIVORCE INFORMATION:

DATE OF CHURCH MARRIAGE: <i>YYYYMMDD</i>	
OFFICIATING PRIEST:	
CHURCH: <i>NAME & LOCATION</i>	

DATE OF SEPARATION: <i>YYYYMMDD</i>	
DATE OF CIVIL DIVORCE: <i>YYYYMMDD</i>	
NAME & PLACE OF COURT:	
PRIESTS INVOLVED IN MARITAL CONCILIATION OR COUNSELLING:	

DATE OF ALL PREVIOUS MARRIAGES, IF ANY <i>YYYYMMDD</i>			
TYPE <i>(Church/Civil/Common-law...)</i>			
LOCATION OF EACH MARRAIGE			



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VI. CASE SUMMARY:

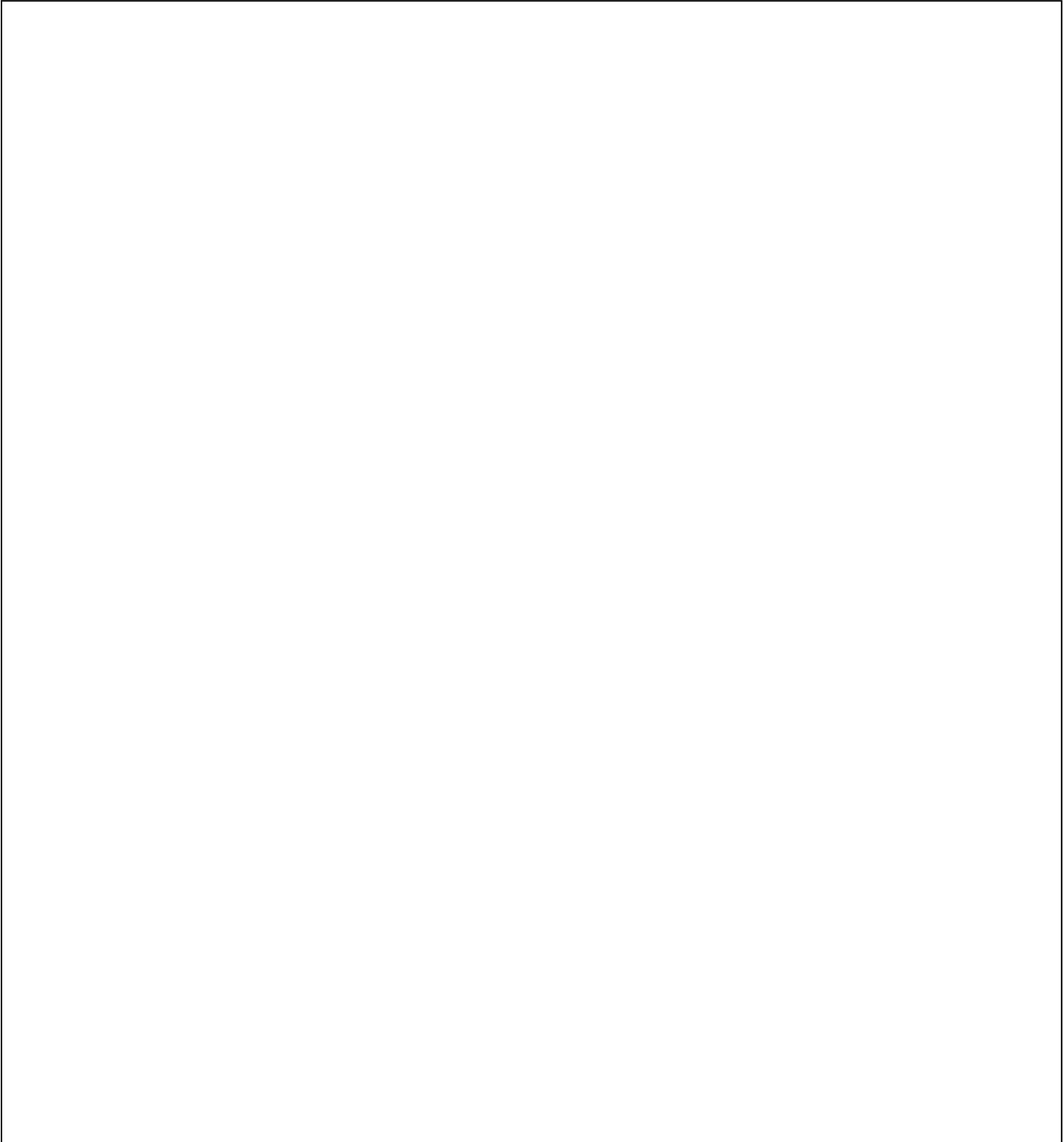
PLEASE PROVIDE A SUMMARY OF YOUR CASE DETAILING THE GROUNDS YOU BELIEVE WILL ENTITLE YOU TO AN ECCLESIASTICAL MARRIAGE PERMIT (EMP):

(MAX. 7000 CHARACTERS OR 3 PAGES, SINGLE-SPACED)



DIOCESAN CLERICAL COUNCIL FOR FAMILY AFFAIRS (DCCFA)

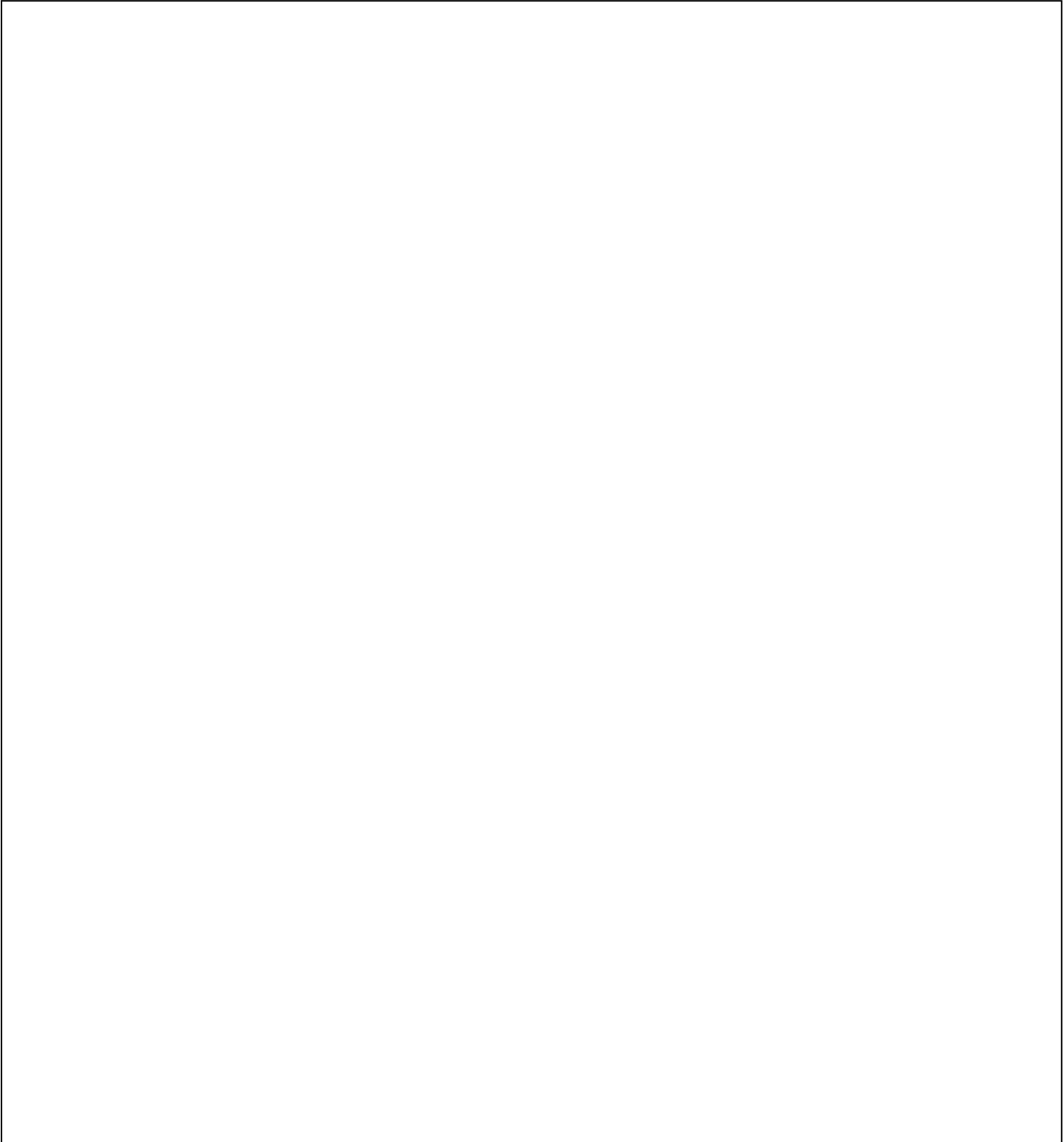
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VII. SUPPORTING DOCUMENTS, CERTIFICATES AND PHOTOGRAPHS

PLEASE PROVIDE A LIST OF YOUR DOCUMENTS AS SET OUT BELOW. SEND ONLY COPIES OF THE ORIGINAL DOCUMENTS. THE FOLLOWING DOCUMENTS MUST BE DISCLOSED:

- CIVIL MARRIAGE CERTIFICATE
- CHURCH MARRIAGE CERTIFICATE
- CIVIL DIVORCE DECREE
- A RECENT PHOTOGRAPH OF THE APPLICANT
- A RECENT PHOTOGRAPH OF THE SPOUSE

ALL OTHER DOCUMENTS MUST SUPPORT THE GROUNDS FOR YOUR APPLICATION FOR AN EMP, AS MENTIONED ABOVE.

DOCUMENT NUMBER	DOCUMENT NAME	DOCUMENT DESCRIPTION
1		
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VIII. DECLARATION OF VERACITY

I, before the Almighty God, state that all information submitted to the Diocesan Clerical Council for Family Affairs contained in and pertinent to this application, is true and complete to the best of my knowledge.

APPLICANT NAME

APPLICANT SIGNATURE

DATE

WITNESS NAME

WITNESS SIGNATURE

DATE



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IX. AUTHORIZATION, RELEASE AND WAIVER

I hereby consent to participate voluntarily in an adjudication before the Coptic Orthodox Church Diocese of Ohio, Michigan and Indiana – Diocesan Clerical Council for Family Affairs – (hereinafter “the Council”) and/or its assigned representatives. I hereby authorize the Council to disclose and discuss all or part of the information and/or documents, which I voluntarily submitted in my application to the Council, to my spouse, as named and identified in my application, to the Coptic Orthodox priests assigned to assist the Council, and to other Coptic Orthodox diocesan clerical councils as the Council deems necessary in order to determine my eligibility for a remarriage permit. I agree to release and hold harmless the Council, its members and assignees, from any and all claims of action, liability, and/or damages of any kind arising from, or in any way connected to, the release or use of any information or records pursuant to this Waiver.

I consent to the conditions of the Council and waive any and all rights to obtain and/or use the Council’s case file and all related documents, recordings and notes, all of which are the sole possession of the Council. The Council retains all files in full confidentiality and shall not disclose said documents to any administrative tribunal or court of law. The Council will not release said documents under any condition pursuant to the guidelines of ecclesiastical confidentiality and religious privilege.

I agree to release and hold harmless the Council, its members and assignees, from any and all claims of action, liability, and/or damages of any kind arising from, or in any way connected to, the decision rendered in regard to my application.

If the Council issues an Ecclesiastical Marriage Permit (EMP), thereby allowing me to remarry in the Coptic Orthodox Church, the Council reserves the right to disclose cause(s) of the ecclesiastical annulment or divorce to my future/ [contemplated] fiancé/e. I agree to release and hold harmless the Council, its members and assignees, from any and all claims of action, liability, and/or damages of any kind arising from, or in any way connected to, this limited disclosure.

APPLICANT NAME

APPLICANT SIGNATURE

DATE

WITNESS NAME

WITNESS SIGNATURE

DATE



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X. APPENDIX: CHECKLIST

The checklist is one of the forms you will need to mail with your application. Make sure you print the checklist and attach the completed checklist to your application.

- Check (✓) each applicable item on the checklist and attach the checklist to your documents.
- Place all the documents in a sealed envelope. Do not send originals of any documents except for the completed application form. If you are unable to provide any of the requested documentation for special reasons, attach a written explanation as to why each document is unavailable.
- Please note that your application will not be studied until the DCCFA receives the “Counseling Priest Report”.
- Incomplete applications or missing/partial fees may also result in delay of processing the case.

Mail the complete application package by regular mail to the DCCFA address:

Coptic Orthodox Diocese - DCCFA

RQ0Dqz'! 2: 46

Tqej gung.'O K6: 52:

	ITEM	✓
I	Counseling Priest Report Handed the “Counseling Priest Report” form to the Priest	
II	Applicant Information Completed	
III	Spouse Information Completed	
IV	Children Information Completed (if any)	
V	Marriage & Divorce Information Completed	
VI	Case Summary Completed and/or Attach Separate Document	
VII	Supporting Documents, Certificates, Photographs <ul style="list-style-type: none">• Civil Marriage Certificate• Church Marriage Certificate• Civil Divorce Decree• All Other Documents and/Evidence• Recent Photograph of Applicant• Recent Photograph of Spouse	
VIII	Declaration of Veracity Applicant and Witness Both Signed and Dated	
IX	Authorization, Release and Waiver Applicant and Witness Both Signed and Dated	
X	Prepare the Application Fee – \$100.00 USD Check paid to the order of “Coptic Orthodox Diocese of Ohio.” On the memo line, write “DCCFA Application Fee”	