



**Please read the following instructions carefully before you fill in the attached application**

### **New cases 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. Checklist

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

1. Download and Print the application from the CCFFAA.ORG website.
2. Hand the page entitled "Report of the Counselling Priest" to the priest that was involved in the counselling of the marriage. Ask the priest to fill out and send his report to the CCFFAA by regular mail at the address below or by email at [mail@ccffaa.org](mailto:mail@ccffaa.org).
3. Complete the attached application in its entirety. When the application is complete, press print. In the alternative, download the PDF Application and clearly and legibly print your answers by hand.
4. Prepare a check in the amount of \$200.00 USD paid in the order of "Coptic Orthodox Diocese of North America." On the memo line, write "CCFFAA Application Fee". Include your check with your application.
5. Send your completed and printed application along with copies of the supporting documents, certificates, photographs of Applicant and Former Spouse and the check by regular mail to the following CCFFAA address:

**Clerical Council for Family Affairs – Americas District  
PO Box 419  
Cedar Grove, NJ 07009 - 0419  
USA**

**Please note that your application will remain "incomplete" and will not be studied until the CCFFAA receives the "Report of the Counselling Priest"**

**Please DO NOT use staples nor Post-it on all submitted documents in your application.**

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

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



**I. COUNSELING PRIEST REPORT**

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

على الأب الكاهن ارسال هذا التقرير للمجلس الإكليريكي مباشرة بالبريد الإلكتروني أو بالبريد على عنوان المجلس - ولا يتطلع على هذا التقرير مقدم الطلب ولا الطرف الآخر.

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 on this marriage and the reasons for its failure. Please include any information (if applicable) on Psychiatric illnesses, disorders, Addictions, Smoking, Drugs, Alcohol, Abuse, Pornography, Perverted Sex, Adultery, Gambling, ....

Signature of the Priest: \_\_\_\_\_

Date: \_\_\_\_\_

Please feel free to use extra papers if needed.

**The CCFFAA will only study the case when it receives this report.**



**APPLICATION FOR ECCLESIASTICAL MARRIAGE PERMIT (EMP)**

**II. APPLICANT'S INFORMATION:**

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

[Type here]

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

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

[Type here]

**IV. FAMILY INFORMATION:**

CHILDREN NAMES AND BIRTH DATES:

FULL NAME (FIRST MIDDLE LAST)	DATE OF BIRTH (YYYYMMDD)

**V. MARRIAGE INFORMATION:**

DATE OF CHURCH MARRIAGE: YYYYMMDD	
OFFICIATING PRIEST:	
CHURCH: NAME & LOCATION	

DATE OF SEPARATION: YYYYMMDD	
DATE OF CIVIL DIVORCE: YYYYMMDD	
NAME & PLACE OF COURT:	
ANY CURRENT RESTRAINING ORDERS:	
PRIESTS INVOLVED IN MARITAL CONCILIATION OR COUNSELLING:	

DATE OF ALL OTHER MARRIAGES, IF ANY			
NAME OF SPOUSE			
TYPE (Church/Civil/Common-law...)			
LOCATION OF EACH MARRAIGE			

[Type here]

**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)

[Type here]

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to type or paste content into.

[Type here]

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to type their response.



[Type here]

**VII. SUPPORTING DOCUMENTS AND CERTIFICATES:**

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		
2		
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21		
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**VIII. DECLARATION:**

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

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**APPLICANT NAME**

**APPLICANT SIGNATURE**

**DATE**

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**WITNESS NAME**

**WITNESS SIGNATURE**

**DATE**

**IV. AUTHORIZATION, RELEASE AND WAIVER:**

**I hereby consent to participate voluntarily in an adjudication before the Coptic Orthodox Church Clerical Council for Family Affairs – Americas District (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 understand that all decisions of the Council are final and not subject to judicial review. 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 regards 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.**

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**APPLICANT NAME**

**APPLICANT SIGNATURE**

**DATE**

**WITNESS NAME**

**WITNESS SIGNATURE**

**DATE**





## XI. 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 CCFFAA receives the “Report of the Counselling Priest” from the priest.
- 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 CCFFAA address:

**Clerical Council for Family Affairs – Americas District**  
 PO Box 419  
 Cedar Grove, NJ 07009 - 0419  
 USA

I	<b>Counseling Priest Report</b> Handed the “Counseling Priest Report” form to the Priest to fill out and mail separately	( )
II	<b>Applicant Information</b> Completed	( )
III	<b>Spouse Information</b> Completed	( )
IV	<b>Children Information</b> Completed (if any)	( )
V	<b>Marriage &amp; Divorce Information</b>	( )
VI	<b>Case Summary</b> Filled out and/or Attached separate document	( )
VII	<b>Supporting Documents &amp; Certificates – Page 7</b> - Civil Marriage Certificate - Church Marriage Certificate - Civil Divorce Decree - All Other Documents and/Evidence	( ) ( ) ( ) ( )
	 Photograph of Applicant	( )
	 Photograph of Spouse	( )
VIII	<b>Declaration of Veracity – Page 8</b> Signed and Dated Witness signed and dated	( ) ( )
IX	<b>Authorization, Release and Waiver – Page 9</b> Signed and Dated Witness signed and dated	( ) ( )
X	Prepared the Application Fees of \$100.00 USD (cash or check )	( )