

Petition for a presumption of death decree/order and the dissolution of a marriage/civil partnership

| To be completed by the Court | |
|------------------------------|--|
| Name of court | |
| Case No. | |
| Date received by the court | |
| Date issued | |
| Time issued | |
| Fee charged/ Remission ID | |

Notes to Petitioners

- This form should be used if you are making an application to the court for a decree/order to end your marriage/civil partnership due to the presumed death of your spouse or civil partner.
- Before completing this form, please read the supporting notes (D8D Notes) for guidance on how to complete this form.
- Please answer all questions. If you are unsure of the answer to any question, or you do not think that it applies to you, please indicate this on the form.
- If there is not enough room on this form, you may continue on a separate sheet. Please put your name, the Respondent's (your spouse/civil partner) name, and the number of the Part the information relates to, at the top of your continuation sheet.
- If completing this form by hand, please use **black ink and BLOCK CAPITAL LETTERS** and tick the boxes that apply.

See the supporting notes for guidance on how to complete this section

I, (please state your full name)

apply for a presumption of death decree/order and dissolution in respect of my

marriage

civil partnership

and give the following details in support of my application.

continued over the page ⇨

Part 1 About you (the Petitioner) and the Respondent (your spouse/civil partner)

See the supporting notes for guidance on how to complete this section

Petitioner

My current name is
First name(s) (in full)

Last name

My address is (including postcode)

| | | | | | | | |
|--|----------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | Postcode | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|--|----------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

My date of birth is

| | | | | | | | | | |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|

My occupation is

I am

male female

Respondent

The Respondent's last known name is
First name(s) (in full)

Last name

The Respondent's last known address is
(including postcode)

| | | | | | | | |
|--|----------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | Postcode | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|--|----------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

The Respondent's date of birth is

| | | | | | | | | | |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|

The Respondent's occupation is

The Respondent is

male female

Part 2 Details of marriage or civil partnership

See the supporting notes for guidance on how to complete this section

On the _____ day of _____ [19__] [20__]

(insert your name **exactly** as it appears on your marriage/civil partnership certificate)

married formed a civil partnership with

(insert the name of the Respondent **exactly** as it appears on your marriage/civil partnership certificate)

at

(insert the place where the marriage/civil partnership was formed, **exactly** as it appears on your marriage/civil partnership certificate)

A certified copy of your marriage/civil partnership certificate must be sent to the court with this completed application form (see supporting notes for guidance).

Part 3 Jurisdiction

See the supporting notes for guidance on how to complete this section

The Respondent and I last lived together as spouses civil partners
at

Address

The court has jurisdiction to **hear this case** on the following grounds

- The Petitioner is domiciled in England and Wales on the date when this application is issued
- The Petitioner was habitually resident in England and Wales throughout the period of one year ending with the date when this application is issued
- The court has jurisdiction to hear the case under paragraph 3 of schedule A1 to the Domicile and Matrimonial Proceedings Act 1973 or paragraph 10 of schedule 4 to the Marriage (Same Sex Couples) Act 2013

or, if none of the above apply and the application relates to a civil partnership,

- The Petitioner and Respondent registered as civil partners of each other in England and Wales and it would be in the interests of justice for the court to assume jurisdiction
(please state brief reasons)

Part 4 Other proceedings

See the supporting notes for guidance on how to complete this section

- There are and/or have been
 - proceedings in any court in England and Wales or elsewhere with reference to the
 - marriage
 - civil partnership
 - or to any child of the family
 - or between the Petitioner and Respondent with reference to any property of either or both of them

(please enter details below)

or

- no other proceedings in any court in England and Wales or elsewhere.

Part 5 The fact(s)

See the supporting notes for guidance on how to complete this section

I apply for a presumption of death decree/order and dissolution of the marriage/civil partnership.

The Respondent and I have not lived together since //

The circumstances in which we stopped living together were

The Respondent was last heard of on or around //

at (please provide the address or location)

I have taken the following steps to find the Respondent

In the alternative, I apply for a divorce decree/dissolution order, if the Respondent is still alive, on the ground that the marriage/civil partnership has broken down irretrievably, and attach a separate petition for divorce/dissolution.

Part 6 Statement of case

See the supporting notes for guidance on how to complete this section

(please state briefly any other relevant details about the presumption of death on which you rely)

Part 7 Details of the children

See the supporting notes for guidance on how to complete this section

| Children of the family | | Over 16 but under 18 and in education, training or working full time | (a) Child of both parties | (b) Other child of the family | | | | | | | | | | | | | | | | | | | | |
|------------------------|--|--|------------------------------|----------------------------------|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--------------------------|--------------------------|--------------------------|
| | Date of birth (or state if over 18) | | | | | | | | | | | | | | | | | | | | | | | |
| Child 1 | <table border="1"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td colspan="10"> </td> </tr> </table> | D | D | / | M | M | / | Y | Y | Y | Y | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D | D | / | M | M | / | Y | Y | Y | Y | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Child 2 | <table border="1"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td colspan="10"> </td> </tr> </table> | D | D | / | M | M | / | Y | Y | Y | Y | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D | D | / | M | M | / | Y | Y | Y | Y | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Child 3 | <table border="1"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td colspan="10"> </td> </tr> </table> | D | D | / | M | M | / | Y | Y | Y | Y | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D | D | / | M | M | / | Y | Y | Y | Y | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Child 4 | <table border="1"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td colspan="10"> </td> </tr> </table> | D | D | / | M | M | / | Y | Y | Y | Y | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D | D | / | M | M | / | Y | Y | Y | Y | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Child 5 | <table border="1"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td colspan="10"> </td> </tr> </table> | D | D | / | M | M | / | Y | Y | Y | Y | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D | D | / | M | M | / | Y | Y | Y | Y | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Child 6 | <table border="1"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td colspan="10"> </td> </tr> </table> | D | D | / | M | M | / | Y | Y | Y | Y | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D | D | / | M | M | / | Y | Y | Y | Y | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |

Part 8 Special assistance or facilities if you attend court

See the supporting notes for guidance on how to complete this section

If you are required to attend court during these proceedings will you need any special assistance or facilities?

Yes (please supply details below) No

Part 9 Service details

See the supporting notes for guidance on how to complete this section

- I am not represented by a solicitor in these proceedings
- I am not represented by a solicitor in these proceedings but am receiving advice from a solicitor
- I am represented by a solicitor in these proceedings, who has signed Part 10, and all documents for my attention should be sent to my solicitor whose details are as follows:

Box 1 Solicitor's details

| | | | |
|---|---------------|----------------------|----------------------|
| Name of solicitor | | | |
| Name of firm | | | |
| Address to which all documents should be sent for service | Telephone no. | | |
| | Fax no. | | |
| | DX no. | | |
| | Your ref. | | |
| | Postcode | <input type="text"/> | <input type="text"/> |
| E-mail | | | |

The address to which all documents should be sent for service is:

Box 2 Petitioner's address for service

| |
|-------------------------------|
| Address (including postcode) |
| Postcode <input type="text"/> |

Part 10 Prayer

See the supporting notes for guidance on how to complete this section

The Petitioner therefore prays

The application

That the marriage civil partnership be dissolved

Signed

Petitioner ['s Solicitor]

Dated / /