



**TRIBUNAL
DIOCESE OF YOUNGSTOWN
141 West Rayen Avenue
Youngstown, Ohio 44503**

**PETITION FOR A DECLARATION OF NULLITY
ON THE GROUNDS OF
LIGAMEN (PRIOR VALID BOND)**

**THE VALIDITY OF THE PETITIONER'S MARRIAGE TO THE RESPONDENT IS BEING CHALLENGED
BY REASON OF A PRIOR, VALID BOND OF
EITHER THE PETITIONER OR THE RESPONDENT TO A THIRD PARTY.**

MARRIAGE OF PETITIONER TO RESPONDENT TO BE DECLARED INVALID

The Petitioner, _____, married
_____ at _____,
Respondent City
_____, _____, on _____, 19____,
County State

in the presence of _____
 Minister
 Civil Magistrate
 Priest / Deacon

PRIOR, VALID BOND OF EITHER THE PETITIONER OR RESPONDENT TO A THIRD PARTY

The Petitioner / Respondent (circle one), _____,
married _____ at _____,
Third Party City
_____, _____, on _____, 19____,
County State

in the presence of _____
 Minister
 Civil Magistrate
 Priest / Deacon

The Petitioner submits the following documents in support of the above statements:

- Baptismal Record of the Petitioner
- Baptismal Record of the Respondent
- Application for Marriage License of Petitioner's Marriage to Respondent
- Application for Marriage License of Petitioner or Respondent's Marriage to Third Party
- Divorce Decree of Petitioner and Respondent
- Divorce Decree of Petitioner or Respondent and Third Party
- Other Documents, please indicate

CONCERNING THE PETITIONER

1. Name of Petitioner: (*maiden name, if woman*): _____
2. Present full name and address (*include city and zip*): _____
_____ Phone No. _____
3. Date and place of birth: _____
4. Present religion: _____
5. Dates and places of all baptisms of Petitioner:

DATE	CITY	CHURCH	DENOMINATION
_____	_____	_____	_____
_____	_____	_____	_____
6. Name of Father: _____ Religion: _____
7. Present address of Father: _____
8. Maiden name of Mother: _____ Religion: _____
9. Present name and address of Mother: _____
10. Petitioner married the following persons: (*list all marriages chronologically*)

NAME (<i>maiden, if woman</i>)	DATE	PLACE
_____	_____	_____
_____	_____	_____
_____	_____	_____
11. Name of present or intended spouse: _____ Religion: _____
If previously married, how is this person now free to remarry? _____

CONCERNING THE RESPONDENT

1. Name of Respondent (*maiden name, if woman*): _____
2. Present full name and address: _____
_____ Phone No. _____
3. Date and place of birth: _____
4. Present religion: _____
5. Dates and places of all baptisms of Respondent:

DATE	CITY	CHURCH	DENOMINATION
_____	_____	_____	_____
_____	_____	_____	_____
6. Name of Respondent's Father: _____ Religion: _____
7. Present address of Respondent's Father: _____
8. Maiden name of Respondent's Mother: _____ Religion: _____
9. Present name and address of Respondent's Mother: _____

10. Respondent married the following persons: *(list all marriages chronologically)*

NAME	DATE	PLACE
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Name of present spouse, if remarried: _____ Religion: _____

12. Family witnesses for the Respondent: *(other than parents)*

NAME	ADDRESS	PHONE NO.	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Date and place of Civil Divorce for Petitioner and Respondent: _____

CONCERNING THE THIRD PARTY

Since validity of the Petitioner’s marriage to the Respondent is being challenged by reason of a prior marriage of either party, give the following information about the Third Party (i.e. former spouse of either the Petitioner or Respondent):

1. Name: *(maiden name, if woman)* _____

2. Present name if married: _____

3. Present address: _____ Phone No. _____

4. Date and place of birth of Third Party: _____

5. Religion of Third Party: _____

6. Dates and places of all baptisms of Third Party:

DATE	CITY	CHURCH	DENOMINATION
_____	_____	_____	_____
_____	_____	_____	_____

7. Name of Father of Third Party: _____ Religion: _____

8. Present address of Father of Third Party: _____

9. Maiden name of mother of Third Party: _____ Religion: _____

10. Present name and address of Mother of Third Party: _____

11. Third Party married the following persons: *(list all marriages chronologically)*

NAME <i>(maiden name, if woman)</i>	DATE	PLACE
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Family witnesses for the Third Party (*other than parents*):

NAME	ADDRESS	PHONE NO.	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Date and place of Civil Divorce of Third Party to Petitioner or Respondent: _____

Signed: _____
Petitioner's Present Name

Telephone Number: _____

Signed in the presence of _____
Pastor – Parochial Vicar – Deacon – Church Witness

of _____ Church

Address	City	State	Zip
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Date: _____, 20_____