

YELLOW

**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 (maiden name, if woman)	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: _____

The Petitioner is requested to help defray some of the expenses incurred by the Diocese in processing a case.

An initial contribution of \$50.00 is suggested with the remaining \$50.00 to be paid at the conclusion.

Ability or inability to pay has no bearing on the successful processing of the case.

Signed: _____

Petitioner's Present Name

Telephone Number: _____

Signed in the presence of _____

Pastor – Parochial Vicar – Deacon – Church Witness

of _____ Church

Address

City

State

Zip

Date: _____, 20_____