



# DIOCESE OF VICTORIA

## TRIBUNAL OFFICE

Post Office Box 4070 • Victoria, Texas 77903 • (361) 573-0760

### PRIOR BOND / LIGAMEN PETITION

*Please Type or Print*

**PETITIONER INFORMATION (Yourself)**    Mr.    Mrs.    Ms.    Dr.    Other \_\_\_\_\_    Male    Female

Name: \_\_\_\_\_  
*First Name                      Middle Name                      Present Last Name                      If female, Maiden Name*

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

1. To the best of your knowledge, have you, ever been baptized, christened, or sprinkled in any of the Christian religions?

\_\_\_\_\_

2. If so, please indicate the following for your **first** baptism:

a. The approximate date: \_\_\_\_\_

b. The denomination: \_\_\_\_\_

c. Name and address of Church: \_\_\_\_\_

d. City and State: \_\_\_\_\_

3. Were you ever a Roman Catholic?

a. The approximate date: \_\_\_\_\_

b. Name and address of Church: \_\_\_\_\_

c. City and State: \_\_\_\_\_

(Submit a copy of the baptismal certificate, if applicable.)

4. LIST BELOW ALL OF YOUR MARRIAGES CHRONOLOGICALLY:

Full (Maiden) Name	Wedding Date	Date of Divorce/Death
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**RESPONDENT - THE SPOUSE THAT HAD A MARRIAGE BEFORE MARRYING YOU**

(Use a separate petition for each spouse who had been married previously.)

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_  Male  Female

Name: \_\_\_\_\_  
First Name Middle Name Present Last Name If female, Maiden Name

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

5. To the best of your knowledge, has this person, ever been baptized, christened, or sprinkled in any of the Christian religions? \_\_\_\_\_

6. If so, please indicate the following for this person's **first** baptism:

a. The approximate date: \_\_\_\_\_

b. The religion: \_\_\_\_\_

c. Name and address of Church: \_\_\_\_\_

d. City and State: \_\_\_\_\_

7. Was this person ever a Roman Catholic? \_\_\_\_\_ If so, when and where did this person become a Catholic?

a. The approximate date: \_\_\_\_\_

b. Name and address of Church: \_\_\_\_\_

c. City and State: \_\_\_\_\_

8. How many times had this person been married before marrying you? \_\_\_\_\_

9. LIST BELOW THIS PERSON'S FIRST MARRIAGE:

Full (Maiden) Name of Spouse Wedding Date Date of Divorce/Death

\_\_\_\_\_

**THE PERSON TO WHOM THIS PERSON WAS FIRST MARRIED BEFORE MARRYING YOU**

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_  Male  Female

Name: \_\_\_\_\_  
First Name Middle Name Present Last Name If female, Maiden Name

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

10. What is this person's religious affiliation? \_\_\_\_\_
11. Was this person ever a Catholic? \_\_\_\_\_
12. How do you know this? \_\_\_\_\_
13. Was this person ever married before this person married your spouse? \_\_\_\_\_
14. If this person is deceased, approximately when and where did this person die? \_\_\_\_\_
15. Has this person been married before? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_
16. Has this person ever been baptized a Roman Catholic? \_\_\_\_\_ If yes, when: \_\_\_\_\_

When the Petitioner either does not know the address of the Respondent and/or the First Spouse of the Respondent or believes that one or both of these people will not be cooperative, complete the following information concerning witnesses.

**WITNESS CONCERNING THE RESPONDENT**

Provide information for a person who knows the Respondent well and can offer verification concerning the Respondent's marital history and religious background. Ideally, this should be a member of the Respondent's family.

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_  Male  Female

Name: \_\_\_\_\_  
                     First Name                      Middle Name                      Present Last Name                      If female, Maiden Name

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship to Respondent: \_\_\_\_\_

**WITNESS CONCERNING THE FIRST SPOUSE OF THE RESPONDENT**

Provide information for a person who knows the Prior Spouse well and can offer verification concerning the Prior Spouse's marital history and religious background. Ideally, this should be a member of the Prior Spouse's family.

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_  Male  Female

Name: \_\_\_\_\_  
                     First Name                      Middle Name                      Present Last Name                      If female, Maiden Name

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship to Respondent: \_\_\_\_\_

Relationship to First Spouse of the Respondent: \_\_\_\_\_

**INTENDED OR CURRENT SPOUSE OF THE PETITIONER**

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_  Male  Female

Name: \_\_\_\_\_  
                     First Name                      Middle Name                      Present Last Name                      If female, Maiden Name

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

I, the undersigned, do hereby petition that my former marriage to \_\_\_\_\_ be declared null and void on the grounds that my spouse had a presumptively valid bond at the time of our marriage (Canon 1085). I solemnly swear that the information herein is true, to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of the Petitioner

\_\_\_\_\_  
Signature of Case Sponsor

\*\*\*PARISH SEAL\*\*\*

\_\_\_\_\_  
Date signed

CASE SPONSOR: *Priest, Deacon or designated Lay Person who completed this petition.*  
*This petition will NOT be accepted without a Case Sponsor.*

Msgr.  Rev.  Deacon  Mr.  Mrs.  Ms.  Dr. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Address:  Church or  Home

Phone Numbers: Home: (     ) \_\_\_\_\_ Work/Cellular: (     ) \_\_\_\_\_

Case Sponsor's Parish: \_\_\_\_\_ City/State: \_\_\_\_\_

**REQUIRED DOCUMENTS**

- A copy of the marriage license of the Petitioner and the Respondent.
- A copy of the divorce decree of the Petitioner and the Respondent.
- A copy of the former spouse's previous marriage license.
- A copy of the former spouse's previous divorce decree.

► Mail this completed, four-page petition with the \$50 fee to:     Diocese of Victoria  
Tribunal Office  
P.O. Box 4070  
Victoria, TX 77903