

MARRIAGE HISTORY OF THE PETITIONER

List all marriages from past to present.

A. This is a summary of your (Petitioner) marital history.				
Spouse Name First & Last	Date of Marriage	Date of Divorce	Was the spouse in a prior marriage? If so, provide the name of this person's previous spouse. Catholic or Non-Catholic?	Was the spouse living or deceased at the time of the subsequent marriage? Provide death certificate if deceased.
1 st			Cath <input type="checkbox"/> Non <input type="checkbox"/>	Living <input type="checkbox"/> Deceased <input type="checkbox"/>
2 nd			Cath <input type="checkbox"/> Non <input type="checkbox"/>	Living <input type="checkbox"/> Deceased <input type="checkbox"/>
3 rd			Cath <input type="checkbox"/> Non <input type="checkbox"/>	Living <input type="checkbox"/> Deceased <input type="checkbox"/>
4 th			Cath <input type="checkbox"/> Non <input type="checkbox"/>	Living <input type="checkbox"/> Deceased <input type="checkbox"/>

MARRIAGE HISTORY OF THE RESPONDENT

List all marriages from past to present.

A. This is a summary of the Respondent's marital history.				
Spouse Name First & Last	Date of Marriage	Date of Divorce	Was the spouse in a prior marriage? If so, provide the name of this person's previous spouse. Catholic or Non-Catholic?	Was the spouse living or deceased at the time of the subsequent marriage? Provide death certificate if deceased.
1 st			Cath <input type="checkbox"/> Non <input type="checkbox"/>	Living <input type="checkbox"/> Deceased <input type="checkbox"/>
2 nd			Cath <input type="checkbox"/> Non <input type="checkbox"/>	Living <input type="checkbox"/> Deceased <input type="checkbox"/>
3 rd			Cath <input type="checkbox"/> Non <input type="checkbox"/>	Living <input type="checkbox"/> Deceased <input type="checkbox"/>
4 th			Cath <input type="checkbox"/> Non <input type="checkbox"/>	Living <input type="checkbox"/> Deceased <input type="checkbox"/>