

(Rev. 12/2015) **DIOCESE OF BIRMINGHAM IN ALABAMA  
PETITION FOR LIGAMEN**

(Please print or type the following information)

\_\_\_\_\_  
**(Petitioner)**                      **(Respondent)**                      **(Co-Respondent)**  
**First Spouse**

I, \_\_\_\_\_, petition the Tribunal of the Diocese of Birmingham in Alabama for declaration of the nullity of my marriage to the Respondent, \_\_\_\_\_, on the ground of the diriment impediment of Ligamen. In connection with this Petition, I submit the following statement.

**SECTION I. THE MARRIAGE IN QUESTION BETWEEN THE PETITIONER AND THE RESPONDENT**

**A. General Information On The Petitioner:**

Full Legal Name: \_\_\_\_\_

First                      Middle                      Last

Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street                      City                      State                      Zip

Telephone number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Birth date: \_\_\_\_\_

Year                      Month                      Day

Petitioner's Age at the Time of Marriage to Respondent: \_\_\_\_\_

**B. Baptismal Information of the Petitioner**

Date of Baptism: \_\_\_\_\_

Year                      Month                      Day

Religion: \_\_\_\_\_ Protestant (Baptist, Church of  
(Please check) \_\_\_\_\_ Christ, Methodist, etc.)  
\_\_\_\_\_ Roman Catholic  
\_\_\_\_\_ Eastern Catholic  
\_\_\_\_\_ Orthodox  
\_\_\_\_\_ Non Baptized

\_\_\_\_\_  
Name and Street Address of Church of Baptism

\_\_\_\_\_  
City                      State                      Zip

Present Religion: \_\_\_\_\_

C. **General Information On The Respondent:**

Full Legal Name: \_\_\_\_\_  
Last First Middle

Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Birth date: \_\_\_\_\_  
Year Month Day

Age of the Respondent at the Time of Marriage to the  
Petitioner: \_\_\_\_\_

D. **Baptismal Information of the Respondent**

Date of Baptism: \_\_\_\_\_  
Year Month Day

Religion: \_\_\_\_\_ Protestant (Baptist, Church of  
(Please check) \_\_\_\_\_ Christ, Methodist, etc.)  
\_\_\_\_\_ Roman Catholic  
\_\_\_\_\_ Eastern Catholic  
\_\_\_\_\_ Orthodox  
\_\_\_\_\_ Non Baptized

\_\_\_\_\_  
Name and Street Address of Church of Baptism

\_\_\_\_\_  
City State Zip

Present Religion: \_\_\_\_\_

E. **Concerning The Marriage Of The Petitioner to Respondent**

Date of marriage: \_\_\_\_\_  
Year Month Day

Type of Ceremony: \_\_\_\_\_ Protestant (Baptist, Church of  
(Please check) \_\_\_\_\_ Christ, Methodist, etc.)  
\_\_\_\_\_ Roman Catholic  
\_\_\_\_\_ Eastern Catholic  
\_\_\_\_\_ Orthodox  
\_\_\_\_\_ Other Religion  
\_\_\_\_\_ Civil/Justice of the Peace

\_\_\_\_\_  
Name of Church or Place of Marriage

\_\_\_\_\_  
Street Address of the Church or Place of Marriage

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Name of the Official Witness - (Priest, Clergy, Civil  
Official)

Was the Co-Respondent (First Spouse) of the Respondent living  
at the time you married the respondent? \_\_\_\_\_ If no, please  
indicate the date and place of death. \_\_\_\_\_

Number of Children of the Marriage: \_\_\_\_\_

Civil Divorce: \_\_\_\_\_  
Year Month Day

\_\_\_\_\_  
City or County State

F. **Concerning The Co-Respondent (First Spouse) of The Respondent**

Full Legal Name: \_\_\_\_\_  
Last First Middle

Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Birth date: \_\_\_\_\_  
Year Month Day

Age of the Co-Respondent (First Spouse) of the Respondent at  
the time of Co-Respondent's (First Spouse) marriage to the  
Respondent: \_\_\_\_\_

G. **Baptismal Information of the Co-Respondent (First Spouse) of the Respondent**

Date of Baptism: \_\_\_\_\_  
Year Month Day

Religion: \_\_\_\_\_ Protestant (Baptist, Church of  
(Please check) \_\_\_\_\_ Christ, Methodist, etc.)  
\_\_\_\_\_ Roman Catholic  
\_\_\_\_\_ Eastern Catholic  
\_\_\_\_\_ Orthodox  
\_\_\_\_\_ Non Baptized

\_\_\_\_\_  
Name and Street Address of Church of Baptism

\_\_\_\_\_  
City State Zip

Present Religion: \_\_\_\_\_

H. **Concerning The Marriage of Respondent to the Co-Respondent (First Spouse) of the Respondent**

Date of marriage: \_\_\_\_\_  
Year Month Day

Type of Ceremony: \_\_\_\_\_ Protestant (Baptist, Church of  
(please check) \_\_\_\_\_ Christ, Methodist, etc.)  
\_\_\_\_\_ Roman Catholic  
\_\_\_\_\_ Eastern Catholic  
\_\_\_\_\_ Orthodox  
\_\_\_\_\_ Other Religion  
\_\_\_\_\_ Civil/Justice of the Peace

\_\_\_\_\_  
Name of Church or Place of Marriage

\_\_\_\_\_  
Street Address of the Church or Place of Marriage

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Name of the Official Witness-Priest, Clergy, Civil Official)

Number of Children of the Marriage: \_\_\_\_\_

Civil Divorce: \_\_\_\_\_  
Year Month Day

\_\_\_\_\_  
City or County State

SECTION II. **ADDITIONAL QUESTIONS TO THE PETITIONER**

A. How many times were you previously married prior to your marriage to the respondent? \_\_\_\_\_

B. If previously married, please supply the following information which applies to Previous Spouse(s):

1. \_\_\_\_\_  
 Name of Spouse                                      Date of Marriage

\_\_\_\_\_

Place of Marriage                                      Name and Title of Officiant

\_\_\_\_\_

Date of Civil Divorce                                      Place of Civil Divorce

\_\_\_\_\_

Present Name                                      Present Address

\_\_\_\_\_

Date of Death                                      Place of Death

2. \_\_\_\_\_  
 Name of Spouse                                      Date of Marriage

\_\_\_\_\_

Place of Marriage                                      Name and Title of Officiant

\_\_\_\_\_

Date of Civil Divorce                                      Place of Civil Divorce

\_\_\_\_\_

Present Name                                      Present Address

\_\_\_\_\_

Date of Death                                      Place of Death

3. \_\_\_\_\_  
 Name of Spouse                                      Date of Marriage

\_\_\_\_\_

Place of Marriage                                      Name and Title of Officiant

\_\_\_\_\_

Date of Civil Divorce                                      Place of Civil Divorce

\_\_\_\_\_

Present Name                                      Present Address

\_\_\_\_\_

Date of Death                                      Place of Death

C. Are you aware of any other marriages of the **Respondent** besides the marriage to the Co-Respondent (First Spouse) already covered in SECTION I. Paragraphs F, G, and H above. \_\_\_\_\_

If so, please supply the following information which applies to Previous Spouse(s) of the Respondent:

1. \_\_\_\_\_  
Name of Spouse    Date of Marriage

\_\_\_\_\_

Place of Marriage    Name and Title of Officiant

\_\_\_\_\_

Date of Civil Divorce    Place of Civil Divorce

\_\_\_\_\_

Present Name    Present Address

\_\_\_\_\_

Date of Death    Place of Death

2. \_\_\_\_\_  
Name of Spouse    Date of Marriage

\_\_\_\_\_

Place of Marriage    Name and Title of Officiant

\_\_\_\_\_

Date of Civil Divorce    Place of Civil Divorce

\_\_\_\_\_

Present Name    Present Address

\_\_\_\_\_

Date of Death    Place of Death

D. If you are planning another marriage (or convalidation) in the Catholic Church, please give the name of the party whom you are planning to marry as well as that person's baptismal status, previous marital status, information about death or annulments of his/her previous spouse, etc. If this is to be a convalidation, what was the date of your civil attempt at marriage?

\_\_\_\_\_

\_\_\_\_\_

SECTION III      DOCUMENTS

The Petitioner, \_\_\_\_\_, submits the following **original documents** in support of the above statements.  
(Check the following)

\_\_\_\_ Certified copy of the Marriage License **APPLICATION** (also called **Marriage License Record**) between myself and the Respondent. (NOTE: Certificate of Marriage may be on this form. If so, do not need a separate Certificate) **THIS IS A REQUIRED DOCUMENT. IT SHOULD TELL US THE NUMBER OF MARRIAGES FOR BOTH PARTIES. If the marriage took place in Alabama, you may obtain this document at any Health Department. Ask for Marriage License Record. They will print it out on site.**

\_\_\_\_ Certificate of marriage between myself and Respondent (not the license). **See above.**

\_\_\_\_ Certified copy of the **Decree** of divorce or dissolution between myself and the Respondent (**not the petition or separation agreement**). **If the divorce took place in Alabama, you may obtain A Divorce Certificate at any Health Department.**

\_\_\_\_ Certified copy of the Marriage License **APPLICATION** (also called **Marriage License Record**) between the Respondent and Co-Respondent (First Spouse). (NOTE: Certificate of Marriage may be on this form. If so, do not need a separate Certificate) **THIS IS A REQUIRED DOCUMENT. IT SHOULD TELL US THE NUMBER OF MARRIAGES FOR BOTH PARTIES. THE NUMBER OF MARRIAGES ON THIS FORM SHOULD BE "0" OR "FIRST" FOR BOTH PARTIES IN THIS MARRIAGE.**

\_\_\_\_ Certificate of marriage between Respondent and Co-Respondent (not the license). See above.

\_\_\_\_ Certified copy of the decree of divorce or dissolution between Respondent and Co-Respondent (**not the petition or the separation agreement**). **If the divorce took place in Alabama, you may obtain A Divorce Certificate at any Health Department.**

\_\_\_\_ Baptismal Certificate of any Catholic parties.

\_\_\_\_ FEE: \$100.00. (\$50.00 for companion case: when a Petitioner has another marriage case.)

SECTION IV. WITNESSES (To be used **ONLY** if the **Respondent** and/or the **Co-Respondent (First Spouse)** cannot be found or will not cooperate or **the number of marriages is not listed on the Marriage License Record.**) **List 2 witnesses. Be sure the witnesses knew either or both Respondent and Co-Respondent.**

**I PROPOSE THE FOLLOWING WITNESSES WHO HAVE INFORMATION REGARDING THE FACTS:**

- OF THE NON-CATHOLIC BAPTISM OF **RESPONDENT AND CO-RESPONDENT (FIRST SPOUSE)**;
- OF THE VALIDITY OF THE MARRIAGE BETWEEN **RESPONDENT AND CO-RESPONDENT (FIRST SPOUSE)**;
- THAT **CO-RESPONDENT (FIRST SPOUSE)** WAS ALIVE AT THE TIME OF **RESPONDENT'S** MARRIAGE TO THE **PETITIONER.**

A. Witness 1

\_\_\_\_\_  
Full Legal Name, First, Middle, Last

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Have you asked the Witness to Testify?

B. Witness 2

\_\_\_\_\_  
Full Legal Name, First, Middle, Last

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Have you asked the Witness to Testify?



As God is my witness, I hereby solemnly swear that all statements made by me herein are the truth, the whole truth and nothing but the truth, to the best of my knowledge and belief.

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

Signed and sworn to before me, the undersigned this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

at \_\_\_\_\_  
(Parish)

\_\_\_\_\_  
(Address, City & State)

\_\_\_\_\_  
Signature of Cleric, Pastoral Associate, Lay Advocate or Ecclesiastical Notary