



Diocese of Victoria

Office of the Tribunal

P.O. 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