



Archdiocese of Galveston-Houston
Metropolitan Tribunal

P.O. Box 907 Houston, TX 77001-0907 (713) 807-9286
DSF Supported

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? If so, when and where did you become a 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:

Table with 3 columns: Full (Maiden) Name, Wedding Date, Date of Divorce/Death. Multiple rows for listing marriages.

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? _____

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 _____ Phone: Home: () _____ Work: () _____

Name _____ Email: _____
First Name Middle Name Last Name

Address _____ City/State/Zip _____ Relationship: _____

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 _____ Phone: Home: () _____ Work: () _____

Name _____ Email: _____
First Name Middle Name Last Name

Address _____ City/State/Zip _____

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: _____

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: _____

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 Code: _____

Address: Church or Home

Phone Numbers: Home: () _____ Work/Cellular: () _____

Case Sponsor's Parish: _____ City/State: _____

REQUIRED DOCUMENTS

- A certified copy of the marriage license of the Petitioner and the Respondent.
- A certified 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 to: Archdiocese of Galveston-Houston Telephone: (713) 807-9286
Metropolitan Tribunal
P.O. Box 907
Houston, TX 77001-0907