Form T105 (05-08)

No. _____

DIOCESAN TRIBUNAL

Diocese of Cleveland

1027 Superior Avenue Cleveland, Ohio 44114-2555
216-696-6525; 1-800-869-6525 (Ohio only); 1-800-676-4431 (outside Ohio); ext. 4000

PETITION FOR DECLARATION OF INVALIDITY OF MARRIAGE ON THE GROUNDS OF LIGAMEN (PREVIOUS EXISTING BOND)

I. Marriage to be declared invalid:

PETITIONER	RESPONDENT
_____ First Middle Last (maiden name if female)	_____ First Middle Last (maiden name if female)

The above named petitioner married the above named respondent

in _____ City, _____ County, _____ State, on _____ Month - _____ Day - _____ Year

in the presence of _____. ___ Priest ___ Civil Officiant ___ Minister

A divorce was filed in _____ County, _____ State, _____ Month - _____ Day - _____ Year, _____ Case Number.

II. The Previous Existing Bond:

_____ First Middle Last (maiden name if female) married _____ First Middle Last (maiden name if female)

in _____ City, _____ County, _____ State, on _____ Month - _____ Day - _____ Year

in the presence of _____. ___ Priest ___ Civil Officiant ___ Minister

A divorce was filed in _____ County, _____ State, _____ Month - _____ Day - _____ Year, _____ Case Number.

III. The petitioner submits the following documents in support of the above statements:

____ Baptismal Record of the Petitioner

____ Baptismal Record of the Respondent

____ Marriage License Application for the marriage stated in Part I. above.

____ Civil Marriage Record for the marriage stated in Part I. above.

____ Divorce Decree for the marriage stated in Part I. above.

____ Marriage License Application for the marriage stated in Part II. above.

____ Civil Marriage Record for the marriage stated in Part II. above.

____ Divorce Decree for the marriage stated in Part II. above.

____ Other documents, Please indicate: _____.

IV. CONCERNING THE PETITIONER

1. Name of Petitioner: _____ (_____)
First Middle Current Last Name Maiden Name

2. Living at: _____ _____, ____ _____.
Street Address City State Zip

3. Date of Birth : _____ - _____ - _____ Place of birth: _____, _____
Month Day Year City State

4. Present Religion: _____ Phone Number: (_____) _____ - _____

5. Dates and places of all baptisms:

Date	City	Church	Denomination
_____	_____	_____	_____
_____	_____	_____	_____

6. List all persons the petitioner has married beginning with the first marriage:

	Name (Include maiden name if female)	Date	Place
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

7. Name, religion, and previous marital status of your present or intended spouse:

_____

V. CONCERNING THE RESPONDENT:

1. Name of Respondent: _____ (_____)
First Middle Current Last Name Maiden Name

2. Living at : _____ _____, ____ _____.
Street Address City State Zip

3. Date of Birth : _____ - _____ - _____ Place of birth: _____, _____
Month Day Year City State

4. Present Religion: _____ Phone Number: (_____) _____ - _____

5. Dates and places of all baptisms:

Date	City	Church	Denomination
_____	_____	_____	_____
_____	_____	_____	_____

6. List all persons the respondent has married beginning with the first marriage:

	Name (Include maiden name if female)	Date	Place
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

7. Name and religion of the respondent's current spouse if remarried: _____

VI. CONCERNING THE THIRD PARTY

Since the validity of the petitioner's marriage to the respondent is being challenged by reason of a previous marriage, it is necessary to provide the information about the third party.

1. Name of Third Party: _____ (_____)
First Middle Current Last Name Maiden Name

2. Living at :_____, _____ _____.
Street Address City State Zip

3. Date of Birth : _____ - _____ -_____ Place of birth: _____, _____
Month Day Year City State

4. Present Religion: _____

5. Dates and places of all baptisms:

Date	City	Church	Denomination
_____	_____	_____	_____
_____	_____	_____	_____

6. List all persons the third party has married beginning with his/her first marriage:

	Name (Include maiden name if female)	Date	Place
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

7. If the Third Party is deceased, provide the place and date: _____-_____-_____; _____, _____.
Month Day Year City State

VII. The petitioner is requested to help defray some of the expenses incurred by the Diocese in processing a case. An initial payment of $50.00 is requested to be submitted with this petition. The remaining $50.00 is to be paid in installments during the processing of the case. Your ability/inability to pay the entire fee has no bearing on processing the case.

I understand that a date for a wedding in the Catholic Church *cannot be given* to me by the pastor or any other parish personnel unless notice is given by the Diocese of Cleveland that I am free to marry in the Catholic Church. **Initials of petitioner** _____

I mandate as procurator for the first and all instances _____ to serve as my representative with the power of performing all useful and necessary acts before the Tribunal.

Signature of petitioner _____ Date _____

Name of procurator _____ Parish _____

Address of parish _____ City _____ State _____ Zip _____

Telephone _____ ext. _____

Signature of procurator_____ Date _____

For TRIBUNAL USE Only

FILING FEE _____

Certification of Petitioner & Respondent Documents
1. Bapt. Cert: P____ Resp. _____
2. Marriage Cert. _____ 3. MLA _____
4. Div. Rec. _____
5. Other_____

CONFERRING CASES:

Certification of Documents for the marriage to the Third Party
1. Bapt. Cert. ____
2. Marriage Cert. _____ 3. MLA _____
4. Div. Rec. _____
5. Other _____

NOTARY _____ DATE _____