

PETITION FOR DECLARATION OF NULLITY OF THE MARRIAGE BOND  
MADE TO THE TRIBUNAL OF THE ARCHDIOCESE OF BALTIMORE

I, the Petitioner, (*full name*): \_\_\_\_\_,

respectfully request the Metropolitan Tribunal of the Archdiocese of Baltimore to declare as non-

binding based on the ground: LIGAMEN (Prior Bond) the marriage I contracted with

(*Respondent*): \_\_\_\_\_

On (*date of wedding*): \_\_\_\_\_ At (*place*): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Petitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LIGAMEN**

**Canon 1085**

\_\_\_\_\_ - \_\_\_\_\_

Testimony of \_\_\_\_\_, Petitioner  
OATH ADMINISTERED AND PERSON IDENTIFIED

**A. PETITIONER:**

1. Your full name \_\_\_\_\_  
Maiden name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_
2. Date and place of birth \_\_\_\_\_
3. Religion \_\_\_\_\_  
Church of Baptism \_\_\_\_\_  
Date of Baptism \_\_\_\_\_
4. Father's name and religion \_\_\_\_\_  
Mother's maiden name and religion \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_
5. Why are you seeking this declaration of nullity? \_\_\_\_\_  
\_\_\_\_\_

**B. RESPONDENT:**

1. Present full name \_\_\_\_\_  
Maiden name \_\_\_\_\_  
Address \_\_\_\_\_
2. Date and place of birth \_\_\_\_\_



Was this party still living when you married the Respondent? \_\_\_\_\_

If so, how do you know this? \_\_\_\_\_

**IF MORE THAN ONE PREVIOUS MARRIAGE, LIST BELOW:**

Name of spouse \_\_\_\_\_

Religion \_\_\_\_\_

Date married \_\_\_\_\_

Place \_\_\_\_\_

Date divorced \_\_\_\_\_

Place \_\_\_\_\_

Was \_\_\_\_\_ marriage to \_\_\_\_\_  
the first marriage for both of them? \_\_\_\_\_

How do you know this? \_\_\_\_\_

(List any other previous marriages on separate page.)

E. If you do not believe a Decree of Nullity should be granted in this case, please state your reasons clearly on the reverse side of this page.

**F. TESTIMONY READ BACK**

1. Do you have anything to add, change or omit in your testimony? \_\_\_\_\_

\_\_\_\_\_

2. Do you swear to the truth of the above statements? \_\_\_\_\_

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

SEAL

\_\_\_\_\_  
Auditor

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_