



DIOCESE OF MEMPHIS

Tribunal

5825 Shelby Oaks Drive
Memphis, TN 38134
Tel.: (901) 373-1200
Fax.: (901) 373-1268

For Tribunal Only

Case Name: _____
Prot. No.: _____
Received Date: _____
Notary: _____

PETITION FOR PRIOR BOND (*LIBELLUS*)

PETITIONER

Name: (include Maiden Name if applicable)	
Address (optional): _____	
Currently Residing in the (Arch) Diocese of _____	
Date of Birth: _____	
Baptismal Status: <input type="checkbox"/> Catholic	<input type="checkbox"/> Baptized Christian
<input type="checkbox"/> Unbaptized	<input type="checkbox"/> Unknown

OTHER PARTY (RESPONDENT)

Name: (include Maiden Name if applicable)	
Address: _____	
Home/Cell Phone: _____	
Email: _____	
Currently Residing in the (Arch) Diocese of _____	
Date of Birth: _____	
Baptismal Status: <input type="checkbox"/> Catholic	<input type="checkbox"/> Baptized Christian
<input type="checkbox"/> Unbaptized	<input type="checkbox"/> Unknown

Union of Petitioner and Respondent Being Investigated for Possible Nullity MARRIAGE

Date: _____
Place: _____

DIVORCE

Date: _____
Place: _____

As a party to this marriage, I hereby request the Tribunal of the **Diocese of Memphis in Tennessee** to evaluate this marriage in light of the beliefs and teachings of the Roman Catholic Church. I believe that the above-listed marriage is not binding unto death on the basis of the impediment of a prior valid bond of marriage (*ligamen*) which was entered into by ☐ me, the Petitioner ☐ the Respondent

Prior Union That May Create the Basis for a *Ligamen*

Name of Prior Spouse (not the Respondent) (as it would have been used on the marriage license)		Baptismal Status of Prior Spouse: <input type="checkbox"/> Catholic <input type="checkbox"/> Baptized Christian <input type="checkbox"/> Unbaptized <input type="checkbox"/> Unknown	
Current Name Used by the Prior Spouse (if different)	Date of Marriage with Petitioner/Respondent		
Current Address of Prior Spouse	Place of Marriage		
City/State/Zip Code	Date of Final Decree of Divorce of this Union		
Home/Cell Phone	email	Place of Divorce	

Is there any possibility of reunion between you and the Respondent? ☐ yes ☐ no

I UNDERSTAND THE RESPONDENT WILL BE SUPPLIED A COPY OF THIS LIBELLUS.

Petitioner's Signature

Date

Petitioner and parish contact information: [This will be used only by Tribunal]

<hr/> <i>Petitioner's Signature</i> <hr/> <div>Address _____</div> <div>City, State, Zip _____</div> <div>Email _____</div> <div><i>Please check best phone:</i></div> <div><input type="checkbox"/> Home Phone _____</div> <div><input type="checkbox"/> Cell Phone _____</div> <div><input type="checkbox"/> Work Phone _____</div> <div>Date: _____</div>
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<hr/> <i>Signature of Priest/Parish Minister</i> <hr/> <div>PRINT Name _____</div> <div>Parish _____</div> <div>Address _____</div> <div>City, State, Zip _____</div> <div>Parish Email _____</div>
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N.B. It is the primary responsibility of the Petitioner to do everything possible to locate the Respondent and needed documents. Due to recent privacy laws it is increasingly difficult for the Tribunal to obtain much of this information.

I acknowledge having informed the Petitioner that no wedding date or plan should be made for a future marriage in the Church until the final decision of the Tribunal has been made.

Signature of Priest/Deacon/Tribunal Notary

Date

PLEASE INCLUDE WITH THIS PETITION:

- ☐ **Marriage Licenses/Certificates for both unions**
- ☐ **Final Divorce Decree for both unions**
- ☐ **Baptismal Certificate of Petitioner [if Catholic]**

FOR TRIBUNAL USE ONLY

Date Received at this Tribunal: _____	Notary's Name: _____
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Supplementary Questionnaire #1: WHEREABOUTS OF THE RESPONDENT

[Needed only if Respondent's address is unknown]

N.B. It is the primary responsibility of the Petitioner to do everything possible to locate the Respondent and needed documents. Due to recent privacy laws it is increasingly difficult for the Tribunal to obtain much of this information.

Please type or neatly print your responses to the following questions on separate paper. Then sign and attach this question page to your responses and return them to the Tribunal office. No further action can be taken on your petition until we have this on file.

1. When was your last contact with the Respondent? Was it in person, by phone or mail, or some other means?
2. What was the last known address and/or phone number of the Respondent?
3. What were the names of the Respondent's parents and siblings? What was their last known address and/or phone number?
4. If there were children in your marriage, is the Respondent in contact with any of them? (If yes, by what means?)
5. Were there any mutual friends, in-laws or other relatives who kept up contact? (If yes, give their address or phone number.)
6. Do you know if the Respondent remarried? If yes, with whom? How and when did you learn this? (In the case of a woman Respondent, what was her new married name?)
7. When and where was the Respondent's last known place of employment? Was he or she a member of a professional society, alumni association, or the like?
8. Is there anything about the Respondent's behavior or lifestyle that would explain his or her disappearance?
9. If possible, please provide the Respondent's Social Security number. (You may have filed a joint tax return, for instance.) *(A word of explanation: A person's death is a matter of public record. If the Social Security Administration has been notified of someone's death, this information can usually be obtained.)*
10. What other steps have you taken to discover the Respondent's whereabouts?

Supplementary Questionnaire #2 [Needed only if applicable]

When the Petitioner either does not know the address of the Respondent or believes that this person will not be cooperative, please complete the following information concerning witnesses.

Witnesses Concerning the Respondent

Please provide information for two people who know the Respondent well and can offer verification concerning the Respondent's marital history and religious background. Ideally, one of these two witnesses should be a member of the Respondent's family.

Be sure to contact these people and ask for their cooperation before submitting their names to the Tribunal.

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	Relationship:
Name:	
Phone:	
Address:	E-mail
City/State/Zip	Country (if outside USA)
Correspondence to this witness should be in <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> other	

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	Relationship:
Name:	
Phone:	
Address:	E-mail
City/State/Zip	Country (if outside USA)
Correspondence to this witness should be in <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> other	