MARRIAGE FORM B
PREVIOUS MARRIAGES

One of these forms must be completed for each prior marriage of

Name of former spouse:___________________________________________________________

Date of Marriage: __________________ City/State/Country of Marriage :_____________________

Who solemnized the marriage? (Check one) _____Catholic Priest _____ Other Clergyman _____ Civil Official

How did this marriage cease? ____________________________________________________________

If by civil divorce, attach a certified copy of the civil divorce decree.

Is the former spouse dead? _____Yes _____No

If “Yes”, attach a certified copy of the death certificate

Was this former marriage ever declared null by the Catholic Church? _____Yes _____ No

If “Yes”, please attach the official Decree of Nullity issued by a Catholic Tribunal or Lack of Form Determination by a Catholic Tribunal or Eparchial/Diocesan Chancery Office.

Are you bound by any natural or legal obligations to your former spouse or child(ren)?

_____Yes _____No

If “Yes”, are you fulfilling these obligations? _____Yes _____No

If “No”, please explain why not: __________________________________________________________

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