DIOCESE OF ERIE

St. Mark Catholic Center

429 East Grandview Boulevard
P.O. Box 10397
Erie, Pennsylvania 16514 0397

FORMER BOND OF MARRIAGE
Petitioner Questionnaire

Testimony of:
Name: _____
Address: _____
City, State, Zip: _____

Q.   Do you affirm the truth of your answers to the following questions?
A.

Q.   Have you ever been baptized in any religion?
A.

Q.   If so, please give the following information and <u>ENCLOSE A COPY OF YOUR BAPTISM CERTIFICATE WITH YOUR PETITION</u>.

A.   *Name of Church:* _____

Address: _____

City, State, Zip: _____

Date of Baptism: _____

Q.   Kindly list ALL your marriages, giving the following information:
A.   First Spouse:

Name: _____

Address: _____

City, State, Zip _____

Place of Marriage: _____
                              City, State, Zip
*Status of Officiant: (Minister, JP, Priest, etc.)*_____ _____

Spouse's *Religion at time of marriage:* _____

Was Spouse baptized? _____*If so:*

      *Date of Baptism:*_____

      *Name of Church:*_____

      Address of Church: _____

      *City, State, Zip*_____

      *Was Spouse ever a Catholic?*_____

ON THE BACK OF THIS FORM, PLEASE GIVE THE ABOVE INFORMATION FOR OTHER SPOUSES YOU HAVE HAD SINCE YOUR FIRST SPOUSE.

Q. **Were any of your former spouses married before they married you? If so, please give the following information:**

A. **Before marrying me, my first spouse was married to:**

    Name: _____

    Address: _____

    City, State, Zip: _____

    Religion _____

    Date of marriage: _____

    Status of Officiant: (Minister, JP, Priest, etc.)_____ _____

    Was this person ever Catholic? _____If so, please answer the following:

      *Church of Baptism:*_____

      *Address of Church:*_____

      *City, State, Zip:*_____

      *Date of Baptism :*_____

ON THE BACK OF THIS FORM, PLEASE GIVE THE ABOVE INFORMATION FOR THE PRIOR MARRIAGES OF YOUR OTHER SPOUSES.

Q. **How do you know this information about the former marriage/s of your spouse/s?**

A.

Q. **When you married your former spouse/s, was/were his/her prior spouse/s still living?**

A.

Q. **How do you know this?**

A.

Q. **Do you have anything to add or change in the testimony you have just given?**

A.

Date:_____

_____
Petitioner's Signature

_____
Auditor's Signature