## THE TRIBUNAL EPARCHY OF SAINT MARON OF BROOKLYN

300 Wyoming Avenue Scranton, Pennsylvania 18503-1279 Tel: (570) 207-2246 - Fax: (570) 207-2274 email: MaroniteTribunal@aol.com

In re: THE MARRIAGE OF

\_and \_\_\_\_\_

Petitioner	Respondent
LIGAMEN CASE PETITIONER'S INTERROG	ATORY
THE MARRIAGE IN QUESTION	
CONCERNING YOU	
Your present name:	
Your maiden name:	
Your complete address:	
Your date of birth:	
Your telephone number(s): ( )	
Were you ever baptized? Yes ( ) No ( ) YearDenomination	
Your religion at the time of marriage:	
The church you attend now:	
CONCERNING YOUR FORMER SPOUSE	
His name (or her maiden name):	
(Her present married name):	
His/Her complete address:	
His/Her phone number(s): ( )	
His/Her date of birth:	

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Was He/She ever baptized? Yes ( ) No ( ) Year
Denomination
His/Her religion at the time of his/her marriage to you:
His/Her present religion:
Church He/She attends now:
CONCERNING THE MARRIAGE
Date of marriage:
Place(city and state):
Type of Ceremony: ( ) Roman Catholic ( ) Eastern Catholic ( ) Russian or Greek Orthodox ( ) Other Religion ( ) Civil
Name of Church:
Length of courtship:
How many children were born/adopted in this marriage?
Who has principal custody now?
Has the child support assessed by the civil courts been fully met?
Approximate date of final separation:
Date of divorce:
Where divorce was issued (Court, county, city and state):
Who filed for and obtained the divorce?
PRIOR MARRIAGES (Marriage(s) you or your former spouse entered BEFORE marrying each other.)  CONCERNING YOU
Did you ever enter any marriage(s) before the one in question? Yes ( ) No ( )
If yes, with whom:  His/Her complete address:
His/Her phone number(s): ( )
His/Her date of hirth:

Was He/She ever baptized? Yes ( ) No ( ) Year Denomination
His/Her Religion at the time you married him/her:
Date of marriage:
Place of marriage (city, state):
Type of Ceremony: ( ) Roman Catholic ( ) Eastern Catholic ( ) Russian or Greek Orthodox ( ) Other Religion ( ) Civil
Name of Church:
Date of Divorce:
Has this previous marriage been declared null by the Catholic Church? Yes ( ) No ( )
CONCERNING YOUR FORMER SPOUSE
Did He/She ever enter any marriage(s) before his/her marriage to you? Yes ( ) No ( )
If Yes, with whom?
His/Her complete address:
His/Her Phone number(s): ( )
His/Her date of birth:
Was He/She ever baptized? Yes ( ) No ( ) Year Denomination
His/Her Religion at the time of marriage:
Date of marriage:
Place of marriage (city, state):
Type of Ceremony: ( ) Roman Catholic ( ) Eastern Catholic ( ) Russian or Greek Orthodox ( )Other Religion ( ) Civil
Name of Church:
Date of Divorce:
Has this previous marriage been declared null by the Catholic Church? Yes ( ) No ( )
SUBSEQUENT MARRIAGES (Marriage(s) which you or your former spouse entered AFTER you divorced.)

## **CONCERNING YOU**

Have you entered any marriages SUBSEQUENT to the one in question? Yes ( ) No ( )  $\,$ 

If yes, with whom:
Was He/She ever baptized? Yes ( ) No ( ) YearDenomination
His/Her religion at the time you married him/her?
Date of marriage:
Place of marriage (city, state):
Type of Ceremony: Civil ( ) Religious ( )
Name of Church:
Was this spouse married before he/she married you? Yes ( ) No ( )
If yes, to whom?
Are you still married to this spouse? Yes ( ) No ( )
If no, date of divorce:
What is your present marital status?
CONCERNING YOUR FORMER SPOUSE  Is He/She presently remarried? Yes ( ) No ( )
If yes, is his/her present spouse Catholic? Yes ( ) No ( )
EXECUTION AND ATTESTATION
I swear that this testimony above, given by me, is truthful and is as accurate as possible.
(Signature of Petitioner)
The person whose testimony was sworn and subscribed before me at,
, on this day of, 20, gives every
indication of having responded truthfully, and appears to be credible.
Signature of priest/deacon/pastoral associate