



EPARCHY OF OUR LADY OF LEBANON

The Chancery

1021 South 10th St.

St. Louis, MO 63104

Tel: 314-231-1021 Fax: 314-231-1418

MARRIAGE FORM B PREVIOUS MARRIAGES

One of these forms must be completed for each prior marriage of the bride and groom.

Name of former spouse: _____

Date of marriage: _____ Place of Marriage: _____

City: _____ State: _____

Who solemnized the marriage? (Check one) ___ Catholic Priest ___ Other Clergyman ___ Civil Official

Date marriage ended: _____

How did the bond of this marriage cease? _____

Was the former marriage ever declared null by the Church? ___ Yes ___ No

If "Yes", please attach the official "Decree of Nullity" issued by the Tribunal.

Is the former spouse deceased? ___ Yes; ___ No.

If "yes", please attach a certified copy of the "Death Certificate".

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