



**EPARCHY OF SAINT MARON
OF BROOKLYN**

The Chancery
109 Remsen Street
Brooklyn, New York 11201-4212
Tel: (718) 237-9913 Fax: (718) 243-0444
chancervstmaron@verizon.net
www.stmaron.org

MARRIAGE FORM B

PREVIOUS MARRIAGES

*One of these forms must be completed for **each** prior marriage of the bride or the groom*

Name of former spouse: _____

Date of Marriage: _____ City and State of Marriage : _____

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

How did the bond of this marriage cease? _____

Is the former spouse dead? _____ Yes; _____ No;

If "Yes", please attach a certified copy of the death certificate

Was this former marriage ever declared null by the Church? _____ Yes; _____ No;

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

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.