



# THE ARCHDIOCESE OF SAN FRANCISCO

Metropolitan Tribunal

One Peter Yorke Way, San Francisco, CA 94109-6602

(415)614-5690 FAX (415) 614-5696

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## PETITION FOR A DECLARATION OF NULLITY IN A LIGAMEN CASE (“Green Form”)

PETITIONER	<i>[Please print or type]</i>	RESPONDENT
_____	Name	_____
_____	Maiden Name <i>(if applicable)</i>	_____
_____	Address	_____
_____	City, State Zip	_____
_____	Date of Birth	_____
_____	Place of Birth	_____
_____	Religion	_____
_____	Date of Baptism	_____
_____	Place of Baptism	_____
A) _____ B) _____	A) Number of Marriages B) Number of this Marriage	A) _____ B) _____

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### ATTESTATION OF THE PETITIONER

I hereby attest that the information submitted in this Petition is correct insofar as I know.  
I understand that no wedding date can be set while this case is before the Tribunal.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Petitioner*

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\*\*\* Please complete all information requested on the reverse side \*\*\*

**INFORMATION CONCERNING THE RESPONDENT'S PRIOR MARRIAGE(S)**

Name of the Respondent's prior spouses (in chronological order) 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Which is the earliest marriage in which the former spouse is still living? (Number):

Address of this Person: \_\_\_\_\_

City, State and ZIP: \_\_\_\_\_

Place and Date of Marriage: \_\_\_\_\_

Official celebrating the Marriage: \_\_\_\_\_  
(Judge, Minister, etc.)

County, State and Date of Dissolution: \_\_\_\_\_

The following documents must be submitted with this petition:

- a) Licenses of the marriages (1) with the respondent and (2) the respondent's prior marriage,
- b) Certificates of the marriages (1) with the respondent and (2) the respondent's prior marriage,
- c) Decrees of Civil Dissolution of the marriages (1) with the respondent and (2) the respondent's prior marriage.

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**ATTESTATION OF PASTORAL MINISTER**

I attest that I have advised the Petitioner that should this case be accepted, there are expenses which this person is asked to bear.

Is the Petitioner able to pay the expenses involved? \_\_\_\_\_ If not, please, explain: \_\_\_\_\_

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Priest/Deacon/Pastoral Minister*

\_\_\_\_\_  
*Parish*

\_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_  
*City, State ZIP*