

Pre-Cana

Registration Form - Please Print Legibly

Wedding Date: _____ Church: _____ Presiding Priest/Deacon: _____

HIS Registration

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Mobile: (____) _____

E-mail: _____

Age at date of wedding: _____

Religious Affiliation: Catholic Protestant Jewish
 Other: _____

Marital Status: Single Civilly Married
 Divorced & Getting Married

Children: None
 Children from previous marriage
 Children from previous relationship

HER Registration

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Mobile: (____) _____

E-mail: _____

Age at date of wedding: _____

Religious Affiliation: Catholic Protestant Jewish
 Other: _____

Marital Status: Single Civilly Married
 Divorced & Getting Married

Children: None
 Children from previous marriage
 Children from previous relationship

Please submit registration and payment to your parish