

Pre-Cana Registration Form

Groom: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (day) _____ (evening) _____

E-mail: _____

Religion: _____

Church: _____

Age: _____

First Marriage: Yes _____ No _____

If no, a brief explanation of your circumstances would help us with our presentations.

Bride: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (day) _____ (evening) _____

E-Mail: _____

Religion: _____

Church: _____

Age: _____

First Marriage: Yes _____ No _____

If no, a brief explanation of your circumstances would help us with our presentations.

Date of Wedding _____ Place of Wedding _____

The information provided above is confidential and will only be seen by the Pre-Cana coordinators. These questions and answers help the coordinators select talks and speakers that would best suit the participants of the Pre-Cana Program.

Registration for the Spring Class _____
Fall Class _____