

Marriage Course Registration Form

Please print clearly & complete ALL information.

Groom's Name		Bride's Name	
Address		Address	
City/State/Zip		City/State/Zip	
Daytime #	Other #	Daytime #	Other #
Email		Email	
Religion	Age <input type="checkbox"/> 18-20 <input type="checkbox"/> 21-25 <input type="checkbox"/> 26-29 <input type="checkbox"/> 30-40 <input type="checkbox"/> Other _____	Religion	Age <input type="checkbox"/> 18-20 <input type="checkbox"/> 21-25 <input type="checkbox"/> 26-29 <input type="checkbox"/> 30-40 <input type="checkbox"/> Other _____
Education Completed (select only one) <input type="checkbox"/> Graduate/Professional <input type="checkbox"/> Some College/Technical <input type="checkbox"/> Four year college <input type="checkbox"/> Finished High School <input type="checkbox"/> Other		Education Completed (select only one) <input type="checkbox"/> Graduate/Professional <input type="checkbox"/> Some College/Technical <input type="checkbox"/> Four year college <input type="checkbox"/> Finished High School <input type="checkbox"/> Other	
Occupation		Occupation	
First Marriage <input type="checkbox"/> Yes <input type="checkbox"/> No	If second marriage . . . <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	First Marriage <input type="checkbox"/> Yes <input type="checkbox"/> No	If second marriage . . . <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list age(s)	Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list age(s)
Wedding Date		If seeking a validation/blessing, please list the date of your civil marriage	
Parish to be married in		Parish City	
Course Date – 1st Choice (Diocesan Policy: At least 3 months prior to wedding.)		Course Date – 2nd Choice (Diocesan Policy: At least 3 months prior to wedding.)	

***Second Marriage breakout topics include Closure, Faith & Blended Families**

List any special physical or dietary needs

FOR OFFICE USE ONLY:

Amt Pd _____ Ck# _____ Date _____

For preparation courses at the Pastoral Center or St. John's, complete form & mail with full payment to:
Office of Marriage & Family
 305 7th Avenue North, Suite 100
 St. Cloud MN 56303-3633

For preparation courses in Alexandria, Morris, Perham or Sauk Centre, complete form & mail with full payment directly to the parish.