

2009 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 Closure, Faith & Blended Families are included in the following courses: 2008: September 13-14, December 6-7 ~ 2009: February 7-8, March 28-29, April 18-19, June 6-7, October 24-25			
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 7 th 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 <u>directly to the parish.</u>	