

CATHOLIC MARRIAGE PREPARATION WEEKEND REGISTRATION FORM

Please complete this form and return it, along with the fee, to:
St. Francis de Sales Parish, P. O. Box 1153, 17 Elmsley St. N., Smiths Falls, ON K7A 5B4
(613-283-0220 or stfrancis.sf@gmail.com).

The \$100/couple fee covers books, course materials, snacks and Saturday's lunch.
Please make cheques payable to St. Francis de Sales Parish.

Please *print* the required information below:

THE GROOM:

Name: _____
Surname first name Age

Address: _____
City/town/village Province Postal Code

Phone: _____ Email: _____

Religion: _____ Baptized? _____

Name of Church attended: _____

Church Address: _____
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## THE BRIDE:

Name: \_\_\_\_\_  
Surname first name Age

Address: \_\_\_\_\_  
City/town/village Province Postal Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Baptized? \_\_\_\_\_

Name of Church attended: \_\_\_\_\_

Church Address: \_\_\_\_\_  
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WEDDING INFORMATION:

Proposed date & time of wedding: _____

Church where wedding will be held: _____

Name of Priest arranging your wedding: _____

Priest's Address: _____