

ARCHDIOCESAN MARRIAGE PREPARATION PROGRAM REGISTRATION FORM

To enroll in one of the ARCHDIOCESAN MARRIAGE PREPARATION PROGRAMS listed below, please complete all information on this form. **Please note:** failure to complete all information on this form will result in the registration form being returned to you which will delay your registering for the program you selected. Return this completed form and a check payable to: **Family Life Office, 222 N. Seventeenth St., Philadelphia, PA 19103. A confirmation of your reservation and directions to the facility will be returned within 2 weeks of receipt of registration.**

OPTION B - PREPARING FOR THE VOCATION TO MARRIAGE

WE PREFER TO ATTEND: 1ST Choice Group # _____ 2nd Choice Group# _____
REGISTRATION FEE: \$140 per couple

OPTION C- ENCOUNTER CHRIST, MARRIAGE PREPARATION RETREAT

WE PREFER TO ATTEND THE WEEKEND OF: 1ST Choice Group # _____ 2nd Choice Group # _____
WE WOULD LIKE TO TAKE THE FOCCUS INVENTORY AT Group # _____
REGISTRATION FEE: \$350 per couple

WEDDING DATE (if known) _____ **REMARRIAGE: Yes** ___ **No** ___

BRIDE'S NAME _____

STREET _____

CITY, STATE, ZIP _____

TELEPHONE (Day) _____ **(Cell/alternate phone)** _____

EMAIL _____

RELIGIOUS DENOMINATION: (Roman Catholic, Methodist, Jewish, etc.) _____

CATHOLIC PARISH _____ (PC1) _____
(Office Use)

GROOM'S NAME _____

STREET _____

CITY, STATE, ZIP _____

TELEPHONE (Day) _____ **(Cell/alternate phone)** _____

EMAIL _____

RELIGIOUS DENOMINATION: (Roman Catholic, Methodist, Jewish, etc.) _____

CATHOLIC PARISH _____ (PC1) _____
(Office Use)

NAME OF CATHOLIC PRIEST handling documentation for the marriage is: **(This is the priest to whom we will send your Certificate of Completion and FOCCUS results)**

Father _____ Parish _____

Address _____ City, State, Zip _____

OFFICE USE

ID _____ PC/MO/CA/ # _____ Amt\$ _____ PMT: M/F
LCSENT _____ DR _____