

Marriage Preparation One-Day Program Registration Form

His Information

His Name: _____ His Phone: _____ His Email: _____

Age: _____ Religion: _____ Church You Attend: _____

Is this your first marriage? Yes No If no, Please choose: Divorced Widowed Number of Children: _____

Graduated High School? Yes No If no, Highest grade completed: _____

Number of years completed: College _____ Other/Technical: _____

Her Information

Her Name: _____ Her Phone: _____ Her Email: _____

Age: _____ Religion: _____ Church You Attend: _____

Is this your first marriage? Yes No If no, Please choose: Divorced Widowed Number of Children: _____

Graduated High School? Yes No If no, Highest grade completed: _____

Number of years completed: College _____ Other/Technical: _____

Address for Registration Confirmation and Marriage Prep Day Reminder

Address to mail your Marriage Prep Reminder:

Mailing Address: _____

City, State, Zip _____

Tentative date of wedding: _____ Church for your wedding: _____

Priest/Deacon name: _____

Choice of dates to attend Marriage Preparation Program: 1st choice

2nd choice

3rd choice

Mail this registration form and \$120 fee at least 3 months BEFORE the date you wish to attend.

Registrations will not be processed if a completed Registration Form and/or fee is not included.

Make check payable to **Diocese of Houma-Thibodaux**.

Mail to:
Family Ministries
Marriage Prep
P. O. Box 505
Schriever, LA 70395