

# 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: \_\_\_\_\_