

Deanery 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"/> Finished High School <input type="checkbox"/> Four Year College <input type="checkbox"/> Some College/Technical <input type="checkbox"/> Graduate/Masters Degree <input type="checkbox"/> Other		Education Completed (select only one) <input type="checkbox"/> Finished High School <input type="checkbox"/> Four Year College <input type="checkbox"/> Some College/Technical <input type="checkbox"/> Graduate/Masters Degree <input type="checkbox"/> Other	
Occupation		Occupation	
First Marriage <input type="checkbox"/> Yes <input type="checkbox"/> No	If second marriage . . . (course at St. Cloud location) <input type="checkbox"/> Divorced <input type="checkbox"/> Divorced/Annulled <input type="checkbox"/> Widowed	First Marriage <input type="checkbox"/> Yes <input type="checkbox"/> No	If second marriage . . . (course at St. Cloud location) <input type="checkbox"/> Divorced <input type="checkbox"/> Divorced/Annulled <input type="checkbox"/> Widowed
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list ages of your children.	Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list ages of your children.
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.)	

List any special physical or dietary needs

FOR OFFICE USE ONLY:

Amt Pd _____ Ck# _____ Date _____

**For Marriage preparation courses in Alexandria, Perham or Sauk Centre,
complete form & mail with full payment directly to the parish.**