

# Marriage Preparation Course Registration Form

Please print clearly & complete ALL information.

His Name (First & Last)	Her Name (First & Last)
Address	Address
City/State/Zip	City/State/Zip
Phone Number	Phone Number
Email (Confirmation & instructions are sent via email)	Email (Confirmation & instructions are sent via email)
Occupation	Occupation
Faith Background	Faith Background
Age (one choice) <input type="checkbox"/> 18-20 <input type="checkbox"/> 21-25 <input type="checkbox"/> 26-29 <input type="checkbox"/> 30-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> 71 +	Age (one choice) <input type="checkbox"/> 18-20 <input type="checkbox"/> 21-25 <input type="checkbox"/> 26-29 <input type="checkbox"/> 30-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> 71 +
Education Completed (one choice) <input type="checkbox"/> Finished High School <input type="checkbox"/> Four Year College <input type="checkbox"/> Some College/Technical <input type="checkbox"/> Graduate/Masters <input type="checkbox"/> Other (specify)	Education Completed (one choice) <input type="checkbox"/> Finished High School <input type="checkbox"/> Four Year College <input type="checkbox"/> Some College/Technical <input type="checkbox"/> Graduate/Masters <input type="checkbox"/> Other (specify)
Marital Status (one choice) <input type="checkbox"/> Single (never been married) <input type="checkbox"/> Widow(ed) <input type="checkbox"/> Divorced <input type="checkbox"/> Divorced & Annulled <input type="checkbox"/> Civilly Married	Marital Status (one choice) <input type="checkbox"/> Single (never been married) <input type="checkbox"/> Widow(ed) <input type="checkbox"/> Divorced <input type="checkbox"/> Divorced & Annulled <input type="checkbox"/> Civilly Married
Do you have children?    If yes, list ages of your children. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have children?    If yes, list ages of your children. <input type="checkbox"/> Yes <input type="checkbox"/> No
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 \_\_\_\_\_

<p><b>For preparation courses at the Pastoral Center, complete form &amp; mail with full payment to:</b></p> <p>Office of Marriage &amp; Family          305 7<sup>th</sup> Avenue North, Suite 100          St. Cloud MN 56303-3633</p>	<p><b>For preparation courses in Alexandria – Perham – Sauk Centre</b></p> <p><b>complete form &amp; mail with full payment directly to the parish.</b></p>
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