

Pre - Cana Registration Form

Saturday, June 8, 2019

St. Joseph Church
600 N. Russell Street
Marion, IL 62959

618-993-3194 opt. 4 ✧ cresjm@frontier.com

Please Print

Bride

Groom

Name: _____

Name: _____

Address for Pre-Cana Mailings:

Address for Pre-Cana Mailings:

Phone # _____

Phone # _____

Email _____

Email _____

Date of Birth: _____

Date of Birth: _____

Church Affiliation: _____

Church Affiliation: _____

We have known each other for _____.

Our Wedding date is _____.

The church and city of your marriage is _____.

Please indicate if there are any food allergies or dietary restrictions. _____

The registration fee is \$50 per couple. Please make check payable to St. Joseph Church and mail along with this form to:

St. Joseph Church
Attn: LaVerne
600 N. Russell St.
Marion, IL 62959

If you have any questions, call Angela Lees 618-993-3194 opt. 4 or LaVerne at 618-993-3194 opt. 1.

FOR OFFICE USE ONLY

Date Received _____

Fee: \$50

Check # _____