

# Pre - Cana Registration Form

Saturday, July 16, 2011

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

618-993-3194 ✧ rgm13@midamer.net

Please Print

Bride

Groom

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address for Pre-Cana Mailings:

Address for Pre-Cana Mailings:

\_\_\_\_\_

\_\_\_\_\_

Phone #

Phone #

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_.

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 me (LaVerne) at 1-618-993-3194.

FOR OFFICE USE ONLY

Date Received \_\_\_\_\_

Fee: \$40

Check # \_\_\_\_\_