

# Pre - Cana Registration Form

Saturday, June 13, 2020

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 # \_\_\_\_\_