

# Pre - Cana Registration Form

Saturday, June 11, 2016

St. Joseph Church

600 N. Russell Street

Marion, IL 62959

618-993-3194 ✧ secsjm@frontier.com

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: \$50

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