

PRE-CANA RETREAT REGISTRATION FORM

Please print information (**LEGIBLY**) and return completed form to:

St. Frances Cabrini Parish
9000 Laurence
Allen Park, MI 48101
Attn: Darlene Kmita
(dkmita@cabriniparish.org) (313-381-5601 ext.#7)

Date of Marriage: _____

Place of Marriage: _____ **City & State:** _____
Bride **Groom**

Name _____

Name _____

Address _____

Address _____

City, State /Zip _____

City, State/Zip _____

Phone# _____

Phone# _____

E-Mail _____

E-Mail _____

Age _____

Age _____

Parish _____

Parish _____

Education _____

Education _____

Career _____

Career _____

Hobbies _____

Hobbies _____

Remarriage
with children Divorce
without children Death

Remarriage
with children Divorce
without children Death

What do you hope to gain from participating
in this marriage program?

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in this marriage program?

What topics/information do you wish covered?

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Please check the appropriate weekend date that you will attend

May 5, 2018 **October 13, 2018** **January 26, 2019**

Class is held from 9:00 a.m. until 4:00 p.m.
and concludes with the opportunity for confessions at 4:00 p.m. and mass at 5:00 p.m.

\$ 75.00 paid in full **Cash** _____ **Check #** _____