

# 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.com](mailto:dkmita@cabriniparish.com)) (313-381-5601 ext.#1049)**

**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

Remarriage

with children Divorce

with children Divorce

without children Death

without children Death

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

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

\_\_\_\_\_

\_\_\_\_\_

What topics/information do you wish covered?

What topics/ information do you wish covered?

\_\_\_\_\_

\_\_\_\_\_

Please check the appropriate weekend date that you will attend

**May 18, 2019**  **October 12, 2019**  **January 25, 2020**

**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 #** \_\_\_\_\_