

# PRE-CANA RETREAT REGISTRATION FORM

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

**St. Frances Cabrini Parish**

**9000 Laurence, Allen Park, MI 48101 ([office@cabriniparish.com](mailto:office@cabriniparish.com)) (313-381-5601)**

**Date of Marriage:** \_\_\_\_\_

**Place of Marriage:** \_\_\_\_\_

**City and State:** \_\_\_\_\_

## **Bride**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State /Zip \_\_\_\_\_

Phone# \_\_\_\_\_

E-Mail \_\_\_\_\_

Age \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parish \_\_\_\_\_

Education \_\_\_\_\_

Career \_\_\_\_\_

Hobbies \_\_\_\_\_

Remarriage

With children  Divorce

Without children  Death

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

\_\_\_\_\_

What topics/information do you wish covered?

\_\_\_\_\_

## **Groom**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State/Zip \_\_\_\_\_

Phone# \_\_\_\_\_

E-Mail \_\_\_\_\_

Age \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parish \_\_\_\_\_

Education \_\_\_\_\_

Career \_\_\_\_\_

Hobbies \_\_\_\_\_

Remarriage

With children  Divorce

Without children  Death

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

\_\_\_\_\_

What topics/information do you wish covered?

\_\_\_\_\_

Please check the weekend date that you will attend

**January 20, 2024**

**May 18, 2024**

**October 19, 2024**

**Class is held from 8:30 a.m. until 4 p.m. in Holy Family Hall and concludes with the  
opportunity for confession at 4 p.m. and Mass at 5 p.m.**

\$ 75

**Paid in full**

**Cash** \_\_\_\_\_

**Check No.** \_\_\_\_\_

**C.C.** \_\_\_\_\_