

# 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 18, 2025**       **May 17, 2025**       **October 18, 2025**

**Class is held from 8:30 a.m. until 3 p.m. in Holy Family Hall  
and concludes with the opportunity for confession and Mass at 5 p.m.**

\$ 75      **Paid in full**      **Cash** \_\_\_\_\_ **Check No.** \_\_\_\_\_ **C.C.** \_\_\_\_\_