

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) (313-381-5601 Ext. 1050)

Date of Marriage: _____

Place of Marriage: _____ **City and 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?

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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

January 25, 2020 **May 16, 2020** **October 10, 2020**

**Class is held from 9 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.** _____