



DIOCESE OF LAREDO

PRE-CANA REGISTRATION FORM

Office (956) 727-2140 Fax (956) 764-7842

Are you married by Civil Court at the present time: YES ___ NO ___

Are you practicing Catholics? Yes ___ No ___

BRIDE'S Name (maiden): _____

Age: _____

Address: _____ City: _____ State: _____ Zip _____

Phones (H) _____ (Cell.) _____ (W) _____

Email _____

Religion _____ Church of attendance: _____

Education Level: _____ Current Employment: _____

GROOM'S Name: _____

Age: _____

Address: _____ City: _____ State: _____ Zip _____

Phones (H) _____ (Cell.) _____ (W) _____

Email _____

Religion _____ Church of attendance: _____

Education Level: _____ Current Employment: _____

Registering for: (Month) _____ Pre-Cana

Wedding Date: ___/___/___ **Ceremony Site:** _____

Referred by Father: _____

FOR OFFICE USE ONLY:

Qualifies for the Together in Texas Certificate: Yes ___ No ___

Forms of identification submitted: ___ Driver's License ___ Other: _____

Form of payment:

Check # _____ Cash _____ M/O # _____ Online payment: ___ Date of payment: _____