

Date Received: _____



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** _____
Months or years married thru Civil Courts: _____

BRIDE's Name including maiden name _____

Age _____

Address _____

City _____ Zip _____

Phone (H) _____ Cel _____

Email _____

Religion: _____ Church of attendance: _____

Education Level: _____

Current Employment: _____

Sacraments Received: _____

Children: YES _____ ages _____ NO _____

GROOM's Name including suffix _____

Age _____

Address _____

City _____ Zip _____

Phone (H) _____ Cel _____

Email _____

Religion: _____ Church of attendance: _____

Education Level: _____

Current Employment: _____

Sacraments received: _____

Children: YES _____ ages _____ NO _____

Registering for Pre-Cana on: _____

Wedding Date: ____/____/____

Ceremony Site: _____ **City:** _____

Referred By Father: _____ **On this date:** _____

FOR OFFICE USE ONLY:

Check _____ Cash _____ M/O _____