

Marriage Preparation Course Registration Form

Diocese of
SAINT CLOUD

Please print clearly & complete ALL information.

His Name (First & Last)	Her Name (First & Last)
Address	Address
City/State/Zip	City/State/Zip
Phone Number	Phone Number
Email (Confirmation & instructions are sent via email)	Email (Confirmation & instructions are sent via email)
Occupation	Occupation
Faith Background	Faith Background
Age (one choice) <input type="checkbox"/> 18-20 <input type="checkbox"/> 21-25 <input type="checkbox"/> 26-29 <input type="checkbox"/> 30-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> 71 +	Age (one choice) <input type="checkbox"/> 18-20 <input type="checkbox"/> 21-25 <input type="checkbox"/> 26-29 <input type="checkbox"/> 30-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> 71 +
Education Completed (one choice) <input type="checkbox"/> Finished High School <input type="checkbox"/> Four Year College <input type="checkbox"/> Some College/Technical <input type="checkbox"/> Graduate/Masters <input type="checkbox"/> Other (specify)	Education Completed (one choice) <input type="checkbox"/> Finished High School <input type="checkbox"/> Four Year College <input type="checkbox"/> Some College/Technical <input type="checkbox"/> Graduate/Masters <input type="checkbox"/> Other (specify)
Marital Status (one choice) <input type="checkbox"/> Single (<i>never been married</i>) <input type="checkbox"/> Widow(ed) <input type="checkbox"/> Divorced <input type="checkbox"/> Divorced & Annulled <input type="checkbox"/> Civilly Married	Marital Status (one choice) <input type="checkbox"/> Single (<i>never been married</i>) <input type="checkbox"/> Widow(ed) <input type="checkbox"/> Divorced <input type="checkbox"/> Divorced & Annulled <input type="checkbox"/> Civilly Married
Do you have children? If yes, list ages of your children. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have children? If yes, list ages of your children. <input type="checkbox"/> Yes <input type="checkbox"/> No
Wedding Date	If seeking a validation/blessing, please list the date of your civil marriage.
Parish to be married in	Parish City
Course Date – 1st Choice (Diocesan Policy: At least 3 months prior to wedding.)	Course Date – 2nd Choice (Diocesan Policy: At least 3 months prior to wedding.)
List any special physical or dietary needs	
FOR OFFICE USE ONLY:	
Amt Pd _____	Ck# _____ Date _____

Complete form & mail with full payment (\$175) to the appropriate location:

Pastoral Center
Office of Marriage & Family
305 7th Ave North, Ste 100
St. Cloud MN 56303-3633

St. Henry's Parish
234 SW 2nd Ave
Perham MN 56573-1411
218-346-4240

St. Paul's Parish
304 Sinclair Lewis Avenue
Sauk Centre MN 56378
320-352-3502