St. Robert Bellarmine Pre-Cana Program

PROGRAM REGISTRATION FORM

Session: Year_____

Bride's Full Name _____Phone _____

E-mail _____

Full Mailing Address _____

Religion _____ Present Parish _____

Date of Birth _____

Parish where you are getting married? _____ Date ___/___/20__ Priest _____

Primary/Middle School(s) _____ High School _____

College _____

Your Current Occupation _____

Father's Name _____ Mother's First & Maiden Name _____

Place of Parent's Marriage _____ Are they presently married to each other?_____

What is the greatest strength in your relationship? (Please Check)

____Communication ____Adjustments ____Spirituality ____Other _____
(Name it)

What is the greatest weakness in your relationship? (Please check)

____Communication ____Adjustments ____ Spirituality ____ Other_____
(Name it)

Please return completed forms to:
Email: *strobertsecretary@verizon.net*
Fax: *215.343.8592*

St. Robert Bellarmine Pre-Cana Program

PROGRAM REGISTRATION FORM

Session: Year_____

Groom's Full Name _____Phone _____

E-mail _____

Full Mailing Address _____

Religion _____ Present Parish _____

Date of Birth _____

Parish where you are getting married? _____ Date ___/___/20__ Priest _____

Primary/Middle School(s) _____ High School _____

College _____

Your Current Occupation _____

Father's Name _____ Mother's First & Maiden Name _____

Place of Parent's Marriage _____ Are they presently married to each other?_____

What is the greatest strength in your relationship? (Please Check)

____Communication ____Adjustments ____Spirituality ____Other _____
(Name it)

What is the greatest weakness in your relationship? (Please check)

____Communication ____Adjustments ____ Spirituality ____ Other_____
(Name it)

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