DIOCESE OF NELSON

MARRIAGE PREPARATION INFORMATION

NAME:	NAME:
ADDRESS:	ADDRESS:
POSTAL CODE:	POSTAL CODE:
TELEPHONE:	TELEPHONE:
EMAIL:	EMAIL:
Religion:	Religion:
Current Church:	Current Church:
Have you been married before?	Have you been married before?
Yes No	Yes No
DATE AND PLACE OF MARRIAGE:	
(F	For Office use)
MARRIAGE PREPARATION COURSE ATTE	
Date: Place: Place:	
Facilitator (sign and print name):Paid: Cheque #	
Paid: Uneque #	