

**Mother of Divine Providence Parish  
Pre-Cana Marriage Preparation Registration Form**

To enroll in one of the MDP Pre-Cana Marriage Preparation sessions, please complete all information on this form and return it with the **\$125 per couple registration fee** to:

**Mother of Divine Providence Parish  
Attn: Pre-Cana Coordinator  
333 Allendale Road  
King of Prussia, PA 19406**

**Please note:** Failure to complete all information on this form will result in the registration form being returned to you which will delay your registering for the program you selected. **A confirmation of your reservation and directions to MDP will be sent to you within 2 weeks of receipt of registration.**

**Pre-Cana Session Preference:** \_\_\_\_\_ **October 16, 2010** \_\_\_\_\_ **May 7, 2011**

**BRIDE'S NAME** \_\_\_\_\_

**BRIDE'S ADDRESS:**

**STREET** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ (Cell/alternate phone) \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**RELIGIOUS DENOMINATION:** (Roman Catholic, Methodist, Jewish, etc.) \_\_\_\_\_

**CATHOLIC PARISH** \_\_\_\_\_ (PC1) \_\_\_\_\_  
(Office Use)

**GROOM'S NAME** \_\_\_\_\_

**GROOM'S ADDRESS:**

**STREET** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ (Cell/alternate phone) \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**RELIGIOUS DENOMINATION:** (Roman Catholic, Methodist, Jewish, etc.) \_\_\_\_\_

**CATHOLIC PARISH** \_\_\_\_\_ (PC1) \_\_\_\_\_  
(Office Use)

**WEDDING DATE (if known)** \_\_\_\_\_ **REMARRIAGE:** Yes \_\_\_\_\_ No \_\_\_\_\_

**NAME OF CATHOLIC PRIEST** handling documentation for the marriage is: **(This is the priest to whom we will send your Certificate of Completion and FOCCUS results)**

Father \_\_\_\_\_ Parish \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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**OFFICE USE ONLY**

Res ID: \_\_\_\_\_ PC/MO/# \_\_\_\_\_ Amt \$ \_\_\_\_\_ PMTDATE: \_\_\_\_\_

Conf Letter Sent : \_\_\_\_\_ Directions Sent : \_\_\_\_\_