

**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 **\$135 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: _____ **March 31, 2012** _____ **October 13, 2012**

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 _____

OFFICE USE ONLY

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

Conf Letter Sent : _____ Directions Sent : _____