

CONFERENCES FOR THE ENGAGED • REGISTRATION FORM

Place an "X" near the name of the person to whom correspondence should be sent. PLEASE PRINT LEGIBLY.

HIS Name: _____ Age: _____ HER Name: _____ Age: _____
Address: _____ Address: _____
Phone: H/C: _____ W: _____ Phone: H/C: _____ W: _____
E-mail: _____ E-mail: _____
Religion/parish: _____ Religion/parish: _____

- Civilly Married & Seeking Church Validation
- Widowed
- Divorced with Annulment
- Divorced without Annulment
- Children at Home Ages? _____

Check any that
may apply

- Civilly Married & Seeking Church Validation
- Widowed
- Divorced with Annulment
- Divorced without Annulment
- Children at Home Ages? _____

CFE Date-1st Opt: _____

Wedding Date: _____

CFE Date-2nd Opt: _____

Church of Marriage: _____

(If you are a Second Union couple, please be sure to select only CFE dates that include a Second Union component.)

Clergy Name (print): _____

Clergy Signature (required): _____

Your registration will only be processed if form has been signed by your priest/deacon and the appropriate registration fee has been received.

REGISTRATION FEES:

\$85 in-diocese couple / \$100 out-of-diocese

Make check/money order payable to: CATHOLIC DIOCESE OF ARLINGTON. Mail completed registration form with check to:

CATHOLIC DIOCESE OF ARLINGTON, P.O. BOX 1960, MERRIFIELD, VA 22116-1960

Registration fee is transferable but not refundable. No phone/e-mail/fax/credit card registrations accepted.

- Check box if you do NOT wish to receive e-updates from the Office for Family Life.