



**ARCHDIOCESE OF AGAÑA**  
 196 Cuesta San Ramon Ste B,  
 Hagatña, Guam 96910-4334  
 Tel No. 671-472-6116  
 Fax No. 671-477-3519

## Marriage Formation Referral

Date: \_\_\_\_\_ Parish of Wedding: \_\_\_\_\_

Parish Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Parish Point of Contact: \_\_\_\_\_

**Bride's Information:**

Name: \_\_\_\_\_

Home No: \_\_\_\_\_

Work No: \_\_\_\_\_

Cell No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

**Groom's Information:**

Name: \_\_\_\_\_

Home No: \_\_\_\_\_

Work No: \_\_\_\_\_

Cell No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

I, the undersigned priest/deacon, declare that the bride and groom appeared before me personally and that after having interviewed them; examined their freedom to marry; and addressed any impediments that may have arisen, have found that nothing impedes them from a valid and licit celebration of marriage. Their wedding date is confirmed for \_\_\_\_\_. I, therefore, refer them to complete the following formation programs as indicated:

**Please check appropriate box(es) to attend below:**

FOCCUS INVENTORY

DATE TAKEN: \_\_\_\_\_

NATURAL FAMILY PLANNING CLASS

DATE TAKEN: \_\_\_\_\_

SPONSOR COUPLE PROGRAM

DATE COMPLETED: \_\_\_\_\_

Name of Sponsor Couple: \_\_\_\_\_ Contact No: \_\_\_\_\_

OTHER \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

\_\_\_\_\_  
Signature of  Priest or  Deacon

\_\_\_\_\_  
Type/Print Name of Parish

\_\_\_\_\_  
Type/Print Name

PARISH SEAL

***To Engaged Couple: Please present this letter to the Archdiocese of Agaña***

Marriage Ministry Coordinator: Christine & Richard Rosario  
 Tel: 488-1161 Email: sponsorcouplesguam@gmail.com

Natural Family Planning Coordinator: Tricia Tenorio  
 Tel: 562-0029 Fax# 477-3519  
 Email: tricia.tenorio@archagana.org