

Marriage Preparation Volunteer Couple Pastor Referral Form

Must be completed and returned prior to a Marriage Preparation Volunteer Couple Training

The following information should be completed by the Marriage Preparation Volunteer Couple's pastor.

Pastor's Information

Name _____

Parish Name _____ Parish City _____

Phone _____ Email Address _____

Marriage Preparation Volunteer Couple's Information

Names _____

Are the husband and wife registered parishioners at your parish? Yes No

Are the husband and wife practicing Catholics and in good standing with the Catholic Church (e.g., regular Mass attendance, private prayer, striving to live a moral Christian life, etc.)? Yes No

Are the husband and wife practicing the Catholic Church's teaching in the area of marital love (e.g. does not practice or condone the use of contraception or sterilization for contraception purposes)? Yes No

Do you recommend this husband and wife to be a Marriage Preparation Volunteer Couple in the Diocese of Sioux City?
Yes No

Additional Comments (optional)

Thank you for your time in filling out this referral. Please know that all the information presented will be confidential.

Signature

Date

Return to:
Diocese of Sioux City
Office of Evangelization, Discipleship and Family Life
maurent@scdiocese.org
PO Box 3379
Sioux City, IA 51102