

APPLICATION FOR CHRISTIAN PREVENTION AND RELATIONSHIP ENHANCEMENT PROGRAM (CPREP)

BRIDE INFORMATION

Name: _____ Nickname: _____ Age: _____
(Name to be printed on CPREP certificate) (Optional)

Address: _____

Phone # Home: _____ Work: _____ Cell: _____ Other: _____

Best phone # to call: _____ Best time to call: _____

Email Address: _____

High School: _____ College: _____

Employer: _____ Job: _____

GROOM INFORMATION

Name: _____ Nickname: _____ Age: _____
(Name to be printed on CPREP certificate) (Optional)

Address: _____

Phone # Home: _____ Work: _____ Cell: _____ Other: _____

Best phone # to call: _____ Best time to call: _____

Email Address: _____

High School: _____ College: _____

Employer: _____ Job: _____

Reasons(s) for attending CPREP classes: _____

Wedding Date: _____ Priest/Deacon Officiating: _____

If married, how many years? _____

Engaged Encounter dates (if already scheduled): _____

Kids (if any), names-ages: _____

Other pertinent information: _____

Please bring \$20 cash or check payable to Our Lady of Good Counsel Church. For CPREP workbook (one per couple)