



**ARCHDIOCESAN MARRIAGE PREPARATION COURSE  
REGISTRATION FORM**

**FEE: \$ \_\_\_\_\_**

**MALE**

**FEMALE**

_____	NAME	_____
_____	DATE OF BIRTH	_____
_____	OCCUPATION	_____
_____	P. O. BOX	_____
_____	E MAIL ADDRESS	_____
_____	PHONE (H/CELL)	_____
_____	PHONE (WORK)	_____
_____	PARISH/CHURCH	_____

Wedding date and place (if known) \_\_\_\_\_

Priest/Deacon \_\_\_\_\_

**MARRIAGE PREPARATION COURSE**  
□  
**PROFILE OF PARTICIPANT**

Instructions: You do not have to put your name on this paper. The information you give us will help us develop the course to better meet your needs and the needs of those who attend these classes in the future. Thank you for your cooperation.

Date: \_\_\_\_\_

1. AGE	MALE	FEMALE
20 or under	_____	_____
21-25	_____	_____
26-30	_____	_____
31-35	_____	_____
36-40	_____	_____
40 or over	_____	_____
2. MARITAL STATUS		
Never Married Before	_____	_____
Already Married	_____	_____
Divorced, Received Annulment	_____	_____
Divorced, Awaiting Annulment	_____	_____
Widowed	_____	_____
3. HOW FAR DID YOU GO IN SCHOOL?		
Primary	_____	_____
Junior High	_____	_____
Senior High	_____	_____
Vocational Training after High School	_____	_____
Associate Degree	_____	_____
Bachelor's Degree	_____	_____
Post-graduate Degree	_____	_____

	<b>MALE</b>	<b>FEMALE</b>
4. Are You Roman Catholic?		
Yes	_____	_____
No	_____	_____
In RCIA	_____	_____
5. What Are Your Present Living Arrangements?		
With parents or relative	_____	_____
Own home	_____	_____
Renting	_____	_____
Other _____	_____	_____
6. Are You Living Together?		
Yes		_____
No		_____
7. After Your Wedding, What Are Your Plans for Housing?		
Live in your own home immediately		_____
Rent apartment/house and eventually		_____
Purchase/build own home		_____
Live with parents/in-laws until able to		_____
Rent or build/purchase house		_____
Rent indefinitely		_____
Other _____		_____
8. Do You Have Children?		
Child/children with previous partner	_____	_____
Child/children together		_____
No children	_____	_____

9. Concerning Your Parents -

**MALE**

**FEMALE**

If living, are they  
married and still together?  
separated/divorced?  
never married each other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If one or both deceased, were they  
married?  
separated/divorced?  
never married each other?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. During Most of Your Childhood, did you live with?

Mother and father  
Mother only  
Mother and stepfather  
Mother and grandparent(s)  
Grandmother/aunt/sibling/other relative  
Father and stepmother  
Father only  
Other \_\_\_\_\_

\_\_\_\_\_  
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**Official Use Only**

**To: The Pastor/Administrator – This couple’s attendance record is as follows and a certificate is due.**

Attendance:

Session #1 #2 #3 #4 #5 #6 #7 #8 #9 #10 Certificate

HIS \_\_\_\_\_

HERS \_\_\_\_\_

X

\_\_\_\_\_  
EULIE BASTIAN ELLIOTT  
DIRECTOR OFFICE OF FAMILY LIFE

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**To: Pastor/Administrator – Please detach and return this portion to the Office of Family Life after the wedding has taken place. Thank You.**

Names \_\_\_\_\_

Wedding took place on \_\_\_\_\_

Signature \_\_\_\_\_ [Pastor/Administrator]