



BRIDEGROOM

Please PRINT Clearly

BRIDE

Last Name

First Name

Address

City / Prov.

Postal Code

Cell #

Email

MMM-DD-YYYY

Date of Birth

MMM-DD-YYYY

Religion

MMM-DD-YYYY

Date of Wedding

MMM-DD-YYYY

Name of Current Parish/ City

YES  NO

My Parish Priest has given me permission to attend a Marriage Preparation Course

YES  NO

MMM-DD-YYYY

Date of Baptism

MMM-DD-YYYY

Church where Baptized/  
City/Country

MMM-DD-YYYY

Date of  
First Holy Communion

MMM-DD-YYYY

Church of First Holy  
Communion/ City/Country

MMM-DD-YYYY

Date of  
Confirmation

MMM-DD-YYYY

Church of Confirmation/  
City/Country

never married  common law  
 in first marriage  widowed  
 divorced  common law  
 children (if any)

Marital Status

never married  common law  
 in first marriage  widowed  
 divorced  common law  
 children (if any)

I certify that the information provided in this application form is true and complete. I understand that -

- the information contained in this form is the property of Guardian Angels Parish, will remain confidential and will be used only for the purpose of efficiently facilitating the Marriage Preparation Program.
- we have to attend the Marriage Preparation course at least six (6) months before our wedding.
- we have to complete all seven (7) sessions of the Marriage Preparation Program to receive the Certificate of Completion.
- we are allowed to miss one (1) session only and are required to arrange a make-up session to complete the program.
- the program fee is \$250 per couple for the program materials including two workbooks and a journal.
- facilitators of the program are trained by the Archdiocese of Toronto and are parish volunteers rendering free services

Signature

MMM-DD-YYYY

Today's Date

MMM-DD-YYYY

**FOR PARISH USE ONLY**

Date Application

Date Fee Paid MMM-DD-YYYY

Fee Receivable

was Received MMM-DD-YYYY

Payment Rec'd by \_\_\_\_\_

Workbook/Journal Received by Couple  Yes

NOTES: