

Saint Ferdinand Church
Pre-Marriage Class Registration Form

Please complete and submit at least one week prior to starting date of the first session

Bride

Name: _____

Date of Birth: _____

Religious Denomination: _____
(Please write "not affiliated" if you have no religious affiliation)

Home Parish (if applicable): _____

Is this your first marriage? Yes No

Do you have children? Yes No

Groom

Name: _____

Date of Birth: _____

Religious Denomination: _____
(Please write "not affiliated" if you have no religious affiliation)

Home Parish (if applicable): _____

Is this your first marriage? Yes No

Do you have children? Yes No

Wedding Date: _____

Wedding Parish (City/State): _____

What is the best way to contact you?

Before marriage

Address: _____

Phone: _____

e-mail: _____

After marriage

Address: _____

Phone: _____

e-mail: _____

Parish (City/State): _____

Do you have any questions or topics you would like specifically addressed as part of this program?

Mail to:

Scott and Karen Kavanagh
413 Monmouth Drive
Cranberry Twp., PA 16066