



ST. JOHN BOSCO PARISH, BROCKVILLE

MARRIAGE PREPARATION COURSE REGISTRATION FORM

BRIDE		
Surname	First Name	Middle Name
Mailing Address		
City/Town	Province	Postal Code
Home Phone ()	Alternate Phone ()	
Religion	Name of Parish	
Father's Name	Mother's Name	
GROOM		
Surname	First Name	Middle Name
Mailing Address		
City/Town	Province	Postal Code
Home Phone ()	Alternate Phone ()	
Religion	Name of Parish	
Father's Name	Mother's Name	
WEDDING DETAILS		
Place of Wedding		
Date of Wedding	Officiant	
FOOD ALLERGIES/SENSITIVITIES (Please list below)		