

The Church of the Blessed Sacrament

10 Diamond Street, Walpole, MA 02081

MARRIAGE PREPARATION PROGRAM REGISTRATION FORM

Please complete the following information:

Date of Engagement: _____ Presider: _____

Wedding Date: _____ Prep Dates: fall _____ spring _____

Is this the first marriage for both partners? Yes _____ No _____

Parish where your wedding will take place: _____

Could we have an e-mail address for one of you? _____

Bride's Information:

Ms. _____ Age _____

Name you prefer to be called (e.g. nickname) _____

Address _____ City _____ State _____ Zip _____

Telephone # (Home) _____ (Work) _____

Occupation _____ Years of Education _____

Religious Affiliation _____ Parish _____

Groom's Information:

Mr. _____ Age _____

Name you prefer to be called (e.g. nickname) _____

Address _____ City _____ State _____ Zip _____

Telephone # (Home) _____ (Work) _____

Occupation _____ Years of Education _____

Religious Affiliation _____ Parish _____

Please return this completed registration form, with a \$100.00 check made payable to Blessed Sacrament Parish, at least ten days prior to first meeting date, to Fr. Tim Kelleher at Blessed Sacrament Parish, 10 Diamond Street, Walpole, MA 02081