

CATHOLIC FAMILY SERVICES OF TORONTO

MARRIAGE PREPARATION REGISTRATION FORM

GROUP DATES: _____

GROUP LOCATION: _____

	Female	Male
Surname:		
Given Name:		
Address:		
City:	Prov.	Postal
Telephone Home: Business:		
Date of Birth:		
Religious Affiliation:		
Ethnicity:		
Date of Marriage:		
Place of Marriage:		
Referred by:		

REGISTRATION AND PAYMENT: Enrolment is limited. You are not enrolled in the program until this registration form and payment is received by our office. If payment is received after the requested program is full, you will be contacted.

A cancellation fee of \$25.00 will apply to all registrations. A charge of \$10.00 will be made on cheques not sufficiently funded (NSF).

AS WE DO NOT SEND OUT WRITTEN CONFIRMATIONS, YOUR CASHED CHEQUE/VISA PAYMENT WILL ACT AS CONFIRMATION.

Both individuals are expected to attend all sessions of the program in order to receive a certificate.

Send registration form along with a cheque or money order in the amount of \$195. payable to **Catholic Family Services of Toronto** to Attn: Marriage Preparation and Family Life Office, Catholic Family Services of Toronto, 1155 Yonge St., Ste. 101, Toronto, ON M4T 1W2