

HIS REGISTRATION

Pre-registration is required in all programs.

His Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Work _____

Parish/Religious Affiliation _____

Marital Situation: _____ Single
_____ Civilly Married
_____ Divorced & getting married

Children: _____ No Children
_____ Children from previous marriage
_____ Children from a previous relationship

E-mail address _____

Wedding Date _____

Church _____

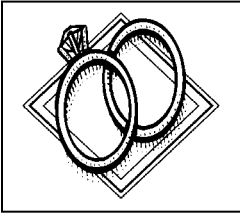
Presiding Priest/Deacon _____

Registering For: Saint Stanislaus Basilica, Chicopee

Date: _____

Check Enclosed: _____

Address after the Wedding _____



HER REGISTRATION

Pre-registration is required in all programs.

Her Name _____

Address _____

City _____ State _____ Zip _____

Phone(Home) _____ Work _____

Parish/Religious Affiliation _____

Marital Situation: _____ Single
_____ Civilly Married
_____ Divorced & getting married

Children: _____ No Children
_____ Children from previous marriage
_____ Children from a previous relationship

E-mail address _____

Wedding Date _____

Church _____

Presiding Priest/Deacon _____

Registering For: Saint Stanislaus Basilica, Chicopee

Date: _____

Check Enclosed: _____

Address after the Wedding _____
