



DIOCESE OF PETERBOROUGH

SACRAMENT OF MARRIAGE PREPARATION PROGRAM

PLEASE COMPLETE THIS REGISTRATION FORM.

BRIDE

Full Name	
Complete Address (Province, Postal Code)	
Telephone Numbers	
Email Address	
Religion	
Date of Birth - month, day, year	
Have you previously been married?	☐ No ☐ Yes If yes, comments:
If you are Catholic, which sacraments of initiation have you received?	☐ Baptism ☐ Eucharist ☐ Confirmation

GROOM

Full Name	
Complete Address (Province, Postal Code)	
Telephone Numbers	
Email Address	
Religion	

Date of Birth – month, day, year	
Have you previously been married?	☐ No ☐ Yes If yes, comments:
If you are Catholic, which sacraments of initiation have you received?	☐ Baptism ☐ Eucharist ☐ Confirmation

WEDDING PLANS

Name of Priest Assisting at the Sacrament of Marriage	
Parish where sacrament will take place	
Complete Address of Parish	
Date of Marriage	

PROGRAM REGISTRATION AND FEE

Has the priest who is assisting at your wedding provided approval for you to take the Diocese of Peterborough Sacrament of Marriage Preparation Program?

☐ Yes ☐ No

Have you paid for the Sacrament of Marriage Preparation Program?

☐ Yes (\$250) ☐ Cheque ☐ Online ☐ Cash

☐ Yes (partial payment: _____)

☐ No If no, comments:

DATE FOR SACRAMENT OF MARRIAGE PREPARATION PROGRAM:

1ST CHOICE: _____

2ND CHOICE: _____

COMMENTS: _____