



Our Lady of Victory Pre Cana Form



Your Wedding

Date: _____ Time: _____

Church: _____

GROOM

BRIDE

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Date of Birth: _____

Date of Birth: _____

Religion: _____

Religion: _____

Current Parish: _____

Current Parish: _____

Education:
High School: _____

Education:
High School: _____

College: _____

College: _____

Occupation: _____

Occupation: _____

Have you been married before? yes no

Have you been married before? yes no

Interests: _____

Interests: _____

Pre Cana 8 Week Sessions

October 4 to November 8, 2015

January 31 to March 6, 2016, April 17 to May 22, 2016, October 2 to November 6, 2016,

Please give 1st, 2nd, 3rd choice for:

Tuesday_____, Wednesday_____, Thursday_____

We will try to accommodate your choice

Pre Cana Fee: \$125 (made payable to Our Lady of Victory)

Please drop off form/check to Rectory Office