



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 4 Week Sessions

January 29 to March 5, 2017, April 23 to May 28, 2017, October 8 to November 12, 2017

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