



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: _____

Fall Session Begins— Sunday, October 5—Sunday, November 20, 2025

Call the Rectory Office at 516-354-0482