

Date of Course: \_\_\_\_\_

Fee \$250.00 paid? \_\_\_\_\_

Course completed? YES NO

24 January 2023

Please note: You are not considered registered until after fees are paid  
(Please pay fees at least 3 weeks before course begins)  
\*Please note we require a minimum of 4 couples per session.



**Registration form for St. Anthony's Marriage Prep**

**BRIDE:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code; \_\_\_\_\_

Phone: (H) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (W) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (C) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

**GROOM:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code; \_\_\_\_\_

Phone: (H) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (W) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (C) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

**Do you have children? Ages?** \_\_\_\_\_

**Location of wedding:** Church : \_\_\_\_\_ City: \_\_\_\_\_

Wedding Date: \_\_\_\_\_

Please return this form to **St. Anthony's Parish**  
2704-56 Ave. Lloydminster AB, T9V 2C1  
Email: [anthony5@shaw.ca](mailto:anthony5@shaw.ca) Fax: 780-875-2891 Phone: 780-875-2883  
Payment: cash to parish office; cheque to parish office; e-transfer to [stanthony.lloyd@caedm.ca](mailto:stanthony.lloyd@caedm.ca)  
*Thank You*