

# Catholic Engaged Encounter

## REGISTRATION FORM

<b>Date of weekend requested:</b>	
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	Groom	Bride
<b>Name</b>		
<b>Address</b>		
<b>City, State, Zip</b>		
<b>Phone (home)</b>		
<b>Phone (wk/cell)</b>		
<b>E-mail address</b>		
<b>Religion</b>		
<b>Parish or church you now attend</b>		
<b>Age</b>		
<b>Previously married?: Yes ___ No ___</b>	<b>Previously married?: Yes ___ No ___</b>	<b>Previously married?: Yes ___ No ___</b>
<b>Civil marriage date: _____</b>	<b>Civil marriage date: _____</b>	<b>Civil marriage date: _____</b>
<b>Circle all that apply:</b>	<b>Circle all that apply:</b>	<b>Circle all that apply:</b>
<b>Widowed   Divorced   Marriage Annulled</b>	<b>Widowed   Divorced   Marriage Annulled</b>	<b>Widowed   Divorced   Marriage Annulled</b>
<b>Wedding Date:</b>		
<b>Have you contacted your priest about your wedding:</b>	Yes ___ No ___	
<b>Parish where wedding will be celebrated:</b>		
<b>Priest preparing for the wedding:</b>		
<b>Priest's parish:</b>	<b>City and State:</b>	
<b>Send return information to:</b>		
<b>Paid:</b>		
<b>Special needs:</b>		

**Cost of the weekend is \$ 200. Please make checks payable to: *CatholicEngaged Encounter***

**Send completed form and check to:**

CEE Registrations  
 6016 William St.  
 Omaha, NE 68106-1560  
 402-558-6884