

Catholic Engaged Encounter Registration Form

Weekend Requested: _____

	Groom	Bride
First Name		
Last Name		
Address		
City		
State/Province		
ZIP/Postal Code		
Phone (home)		
Phone (wk/cell)		
E-mail address		
Religion		
Parish or church you now attend		
Age		
If you were previously married to another person, circle all that apply	Widowed	Widowed
	Divorced	Divorced
	Marriage Annulled	Marriage Annulled
Are you already civilly married?	Yes ____ No ____	
Date of civil marriage:		
Wedding Date:		
Have you contacted your priest about your wedding?	Yes ____ No ____	
Parish where wedding will be celebrated:		
Priest preparing for the wedding:		
Priest's parish:	City and State:	
Send return information to:	Groom _____ Bride _____	
Paid:		
Special needs:		

Cost of the weekend is \$ 200. Please make checks payable to: *Catholic Engaged Encounter*
Send completed form and check to:

CEE Registrations
 6016 William Street
 Omaha, NE 68106
 402-558-6884