

**DIOCESE OF LAFAYETTE-IN-INDIANA**  
**PRE-CANA CONFERENCE**  
**REGISTRATION FORM**

Today's date: \_\_\_\_\_

Groom \_\_\_\_\_ Bride \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Home / Work \_\_\_\_\_ Phone: Home / Work \_\_\_\_\_  
Age \_\_\_\_\_ Religion \_\_\_\_\_ Age \_\_\_\_\_ Religion \_\_\_\_\_  
Church attending \_\_\_\_\_ Church attending \_\_\_\_\_

Couple's future address: \_\_\_\_\_

Groom/Bride has been married previously and the marriage was annulled. Yes \_\_\_\_\_ No \_\_\_\_\_

Couple has been married previously in another church or a civil ceremony. Yes \_\_\_\_\_ No \_\_\_\_\_

If married in a civil ceremony, please include date of civil ceremony: \_\_\_\_\_

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Selected date of wedding \_\_\_\_\_ Priest preparing couple \_\_\_\_\_  
Church of wedding \_\_\_\_\_ Priest witnessing marriage \_\_\_\_\_  
Address \_\_\_\_\_

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**PRE-CANA MARRIAGE PREPARATION**

Please list preferred date & location for Marriage Prep:

1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

**REGISTRATION FEE PER COUPLE:**

**Pre-Cana: \$40.00**

**To ensure reservation, registration form should be accompanied with the appropriate fees,  
which are non-refundable.**

*Make checks payable to: **Diocese of Lafayette, IN***

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**FOR OFFICE USE ONLY**

Received: \_\_\_\_\_  
Ck #: \_\_\_\_\_  
Amt.: \_\_\_\_\_  
Groom/Bride: \_\_\_\_\_  
ACCESS: \_\_\_\_\_  
C.Card: \_\_\_\_\_

*Send to:*

**OFFICE FOR FAMILY LIFE**  
**ATTN: Pre-Cana Registration**  
2300 S. 9th Street  
Lafayette, IN 47909-2400

765-269-4662 or 888-544-1684