

St. Andrew Parish – Pre Cana Registration Form

We would like to attend the program scheduled on _____.

Couples Information (please print)

Bride	
Name:	
Address:	
City / State / Zip:	
Phone:	
Church:	
First Marriage:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Groom	
Name:	
Address:	
City / State / Zip:	
Phone:	
Church:	
First Marriage:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Special Needs: _____

The Wedding:

Name of Church / Location: _____ Date: _____

Celebrant: _____

Please forward completed registration form, including registration fee of \$60 made payable to St. Andrew Parish, to
 1899 McCoy Road, Columbus, Ohio 43220
 (614) 451-4290

For Office Use Only			