

## CONFERENCES FOR THE ENGAGED • REGISTRATION FORM

Place an "X" near the name of the person to whom correspondence should be sent. PLEASE PRINT LEGIBLY.

HIS Name: \_\_\_\_\_ Age: \_\_\_\_\_ HER Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: H/C: \_\_\_\_\_ W: \_\_\_\_\_ Phone: H/C: \_\_\_\_\_ W: \_\_\_\_\_  
E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Religion/parish: \_\_\_\_\_ Religion/parish: \_\_\_\_\_

- Civilly Married & Seeking Church Validation
- Widowed
- Divorced with Annulment
- Divorced without Annulment
- Children at Home Ages? \_\_\_\_\_

Check any that  
may apply

- Civilly Married & Seeking Church Validation
- Widowed
- Divorced with Annulment
- Divorced without Annulment
- Children at Home Ages? \_\_\_\_\_

CFE Date-1<sup>st</sup> Opt: \_\_\_\_\_

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

CFE Date-2<sup>nd</sup> Opt: \_\_\_\_\_

Church of Marriage: \_\_\_\_\_

(If you are a Second Union couple, please be sure to select only CFE dates that include a Second Union component.)

Clergy Name (print): \_\_\_\_\_

Clergy Signature (required): \_\_\_\_\_

Your registration will only be processed if form has been signed by your priest/deacon and the appropriate registration fee has been received.

### REGISTRATION FEES:

\$85 in-diocese couple / \$100 out-of-diocese

Make check/money order payable to: CATHOLIC DIOCESE OF ARLINGTON. Mail completed registration form with check to:

**CATHOLIC DIOCESE OF ARLINGTON, P.O. BOX 1960, MERRIFIELD, VA 22116-1960**

Registration fee is transferable but not refundable. No phone/e-mail/fax/credit card registrations accepted.

- Check box if you do NOT wish to receive e-updates from the Office for Family Life.