

## CONFERENCES FOR THE ENGAGED • REGISTRATION FORM

PLACE AN "X" NEXT TO NAME OF PERSON TO WHOM CORRESPONDENCE SHOULD BE SENT.  
PLEASE PRINT LEGIBLY.

HIS NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

HER NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PHONE: H: \_\_\_\_\_ W: \_\_\_\_\_

PHONE: H: \_\_\_\_\_ W: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

RELIGION/PARISH: \_\_\_\_\_

RELIGION/PARISH: \_\_\_\_\_

- CIVILLY MARRIED & SEEKING CHURCH VALIDATION
- WIDOWED
- DIVORCED WITH ANNULMENT
- DIVORCED WITHOUT ANNULMENT

**CHECK  
ANY  
THAT  
MAY  
APPLY**

- CIVILLY MARRIED & SEEKING CHURCH VALIDATION
- WIDOWED
- DIVORCED WITH ANNULMENT
- DIVORCED WITHOUT ANNULMENT

† CHECK BOX IF YOU DO NOT WISH TO RECEIVE E-UPDATES FROM THE OFFICE FOR FAMILY LIFE.

CFE DATE-1<sup>ST</sup> OPT: \_\_\_\_\_

WEDDING DATE: \_\_\_\_\_

CFE DATE-2<sup>ND</sup> OPT: \_\_\_\_\_

CHURCH OF MARRIAGE: \_\_\_\_\_

- FIRST & SECOND CHOICES SHOULD BE IN THE SAME LOCATION.
- 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 PER COUPLE (PLEASE CHECK ONLY ONE BOX):

- SATURDAY CONFERENCES IN VIENNA: \$85 IN-DIOCESE / \$100 OUT-OF-DIOCESE
- THURSDAY CONFERENCES IN WOODBRIDGE: \$50 IN-DIOCESE / \$65 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 NON-REFUNDABLE. NO PHONE/E-MAIL/FAX REGISTRATIONS ACCEPTED