

Engaged Couples Retreat Registration Form

Please print clearly + complete ALL information.

Diocese of
SAINT CLOUD

His Name (First & Last)	Her Name (First & Last)
Address	Address
City/State/Zip	City/State/Zip
Phone Number	Phone Number
Email (confirmation & instructions are sent via email)	Email (confirmation & instructions are sent via email)
Occupation	Occupation
Faith Background	Faith Background
Age (one choice) <input type="checkbox"/> 18-20 <input type="checkbox"/> 21-25 <input type="checkbox"/> 26-29 <input type="checkbox"/> 30-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> 71 +	Age (one choice) <input type="checkbox"/> 18-20 <input type="checkbox"/> 21-25 <input type="checkbox"/> 26-29 <input type="checkbox"/> 30-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> 71 +
Education Completed (one choice) <input type="checkbox"/> Finished High School <input type="checkbox"/> Four Year College <input type="checkbox"/> Some College/Technical <input type="checkbox"/> Graduate/Masters <input type="checkbox"/> Other (specify)	Education Completed (one choice) <input type="checkbox"/> Finished High School <input type="checkbox"/> Four Year College <input type="checkbox"/> Some College/Technical <input type="checkbox"/> Graduate/Masters <input type="checkbox"/> Other (specify)
Marital Status (one choice) <input type="checkbox"/> Single (never been married) <input type="checkbox"/> Widow(ed) <input type="checkbox"/> Divorced <input type="checkbox"/> Divorced & Annulled <input type="checkbox"/> Civilly Married	Marital Status (one choice) <input type="checkbox"/> Single (never been married) <input type="checkbox"/> Widow(ed) <input type="checkbox"/> Divorced <input type="checkbox"/> Divorced & Annulled <input type="checkbox"/> Civilly Married
Do you have children? If yes, list ages of your children. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have children? If yes, list ages of your children. <input type="checkbox"/> Yes <input type="checkbox"/> No
Wedding Date	If seeking a validation/blessing, please list the date of your civil marriage.
Parish to be married in	Parish City
Course Date – 1st Choice (Diocesan Policy: At least 3 months prior to wedding.)	Course Date – 2nd Choice (Diocesan Policy: At least 3 months prior to wedding.)
List any special physical or dietary needs	
FOR OFFICE USE ONLY: Amt Pd _____ Ck# _____ Date _____	

Mail completed form with \$175 payment to the appropriate location.

Pastoral Center Ofc Marriage & Family
 305 7th Ave North, Ste 100
 St. Cloud MN 56303-3633
 320-258-7615

St. Henry's Parish
 234 SW 2nd Ave
 Perham MN 56573-1411
 218-346-4240

St. Paul's Parish
 304 Sinclair Lewis Avenue
 Sauk Centre MN 56378
 320-352-3502