

PRE-CANA REGISTRATION

Requested Pre-Cana Date _____ **and Place** _____

Woman _____ **Man** _____

Street _____ **Street** _____

City _____ **Zip** _____ **City** _____ **Zip** _____

Daytime Phone _____ **Daytime Phone** _____

Religion _____ **Age** _____ **Religion** _____ **Age** _____

Wedding Date _____ **Place** _____

Priest/Deacon _____

(If not a priest or deacon in the Diocese of Little Rock, include full name, address, and phone.)

May be pre-paid: \$45 — Couple / \$20 — Single

CONVALIDATION

If the Pre-Cana choice is in Little Rock, please mail form and check to:

***Family Life Office
2500 N. Tyler
Little Rock, AR 72207***

If the Pre-Cana choice is in Fort Smith, please mail form and check to:

***St. Boniface Church
1820 N. B Street
Ft. Smith, AR 72901***