

# Registration Form for Engaged Encounter

Please call the Diocese of Dallas Marriage Ministries Office at 214-528-2360 to verify availability.

Then, complete the form below and mail it, along with your check for \$200 to:

**Diocese of Dallas Marriage Ministries**

**PO Box 190507**

**Dallas, TX 75219**

<u>His Information</u>	<u>Her Information</u>	
Last Name _____	Last Name _____	Groom's Age _____ Bride's Age _____
First Name _____	First Name _____	Participated in the FOCCUS process? _____
Address _____	Address _____	Married by civil law? _____
City/Zip _____	City/Zip _____	If yes, how long? _____
Phone (day) _____	Phone (day) _____	Wedding Date _____
Phone (eve.) _____	Phone (eve.) _____	Church _____
Occupation _____	Occupation _____	Priest/Deacon Officiating _____
Religion/Denomination _____	Religion/Denomination _____	Dates Preferred:
Parish/Church _____	Parish/Church _____	1 <sup>st</sup> choice _____ 2 <sup>nd</sup> choice _____
First Marriage? _____	First Marriage? _____	Amount Enclosed _____
If not: Widowed? _____	If not: Widowed? _____	Check Number _____
Divorced? _____	Divorced? _____	*****Office Use*****
Annulled? _____	Annulled? _____	Date rec'd _____ Amt. Rec'd _____
Children from current or previous union? _____	Children from current or previous union? _____	Check # _____ Balance _____
		Confirmation letter sent _____ Initials: _____