

THINKING ABOUT REMARRIAGE...

...a day long program for couples who are thinking about remarriage and for engaged couples who plan to remarry. Sponsored by the Diocese of Manchester.

Office Use Only
Registration Rcvd _____
Copy Sent _____
Confirm Sent _____

Registration Form 2012

Today's Date: _____ Wedding Date: _____

Male Name: _____ Age: ____ Religion: _____

Street Address: _____

City/Town: _____ State: _____ Zip: _____

Tel (Day) _____ Tel (Evening) _____ Email _____

Parish _____ Marital Status: Is this your First Marriage? Yes No

Widowed – How long? _____ Divorced – How long? _____ Number of children _____

Will they be living with you after you marry? Yes No Ages of Children: _____

Female Name: _____ Age: ____ Religion: _____

Street Address: _____

City/Town: _____ State: _____ Zip: _____

Tel (Day) _____ Tel (Evening) _____ Email _____

Parish _____ Marital Status: Is this your First Marriage? Yes No

Widowed – How long? _____ Divorced – How long? _____ Number of children _____

Will they be living with you after you marry? Yes No Ages of Children: _____

Do either of you have any special requirements (i.e., hearing impaired, special diet, etc.)? _____

Specific issues either of you would like included in program: _____

Date of Program you are registering for: 2012 Dates <input type="checkbox"/> Saturday, January 21, 2012 <input type="checkbox"/> Saturday, May 19, 2012



Return completed registration form and payment at least TEN DAYS before the program date to: Remarriage Program Diocese of Manchester PO Box 310 Manchester, NH 03105-0310.
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Fee: \$80.00 per couple
(Includes lunch and beverage)
Please make check payable to **RCBM**

Locations:
1/21/11- Sullivan Room at St. Elizabeth Seton Parish, 190 Meetinghouse Rd. Bedford, NH 03110

Time: 9:00 AM ~ 4:00 PM

5/19/12- St Pius X Parish Center, 165 Sarto Street (Center-behind church) Manchester, NH 03109

Payment is made by _____ enclosed check or _____ credit card (please fill out the following).
  Card #: _____ Exp: _____/_____/_____
Three Digit Code _____ Name as it appears on the card: _____

For more information, call Fran Doucette at 603-669-3100 ext. 173 or email fdoucette@rcbm.org
This form can be downloaded from our website: www.catholicnh.org
We will send you a notice with directions to confirm your registration.