

MARRIAGE PREPARATION COURSE REGISTRATION FORM
(DEPT. OF FAMILY APOSTOLATE ARCHDIOCESE OF FARIDABAD)

N.B: FILL THE FORM ONLY IN CAPITAL LETTERS

Affix recent
Passport size
Colour photo

Name of the candidate : _____

Gender : _____

Father's Name : _____

Mothers Name : _____

Date of Birth : _____

Name of the Parish where the candidate is a member: _____

Place of the Parish : _____

Mobile No. of the candidate : _____

Email Id of the candidate : _____

Educational Qualification : _____

Name and place of Office : _____

Occupation of the candidate : _____

Name of would be spouse : _____

The above-mentioned candidate is a member of this Parish and has successfully completed the required faith formation (Catechism), as per the records maintained at our church. He/she would like to attend the Marriage Preparation Course conducted by the Department of Family Archdiocese of Faridabad. Kindly admit him/her to the course.

Seal of the parish

Name & Signature of the Parish Priest

Director

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