

Pre Cana Weekend

Preparation for marriage according to the Byzantine Rite

Registration Form

Wedding Date: _____

Parish you will be married in: _____

Have you/are you receiving marriage instruction from your pastor: Yes ___ No ___

Bride

First Name: _____

Last Name: _____

Address: _____

City: _____

State/Zip: _____

Email: _____

Phone: _____

Age: _____

Religious Affiliation: _____

Rite: _____

Home Parish: _____

First Marriage: Yes ___ No ___

Groom

First Name: _____

Last Name: _____

Address: _____

City: _____

State/Zip: _____

Email: _____

Phone: _____

Age: _____

Religious Affiliation: _____

Rite: _____

Home Parish: _____

First Marriage: Yes ___ No ___

*Mail registration & payment to:
Tabor Life Institute - 14610 S Will Cook Rd - Homer Glen, IL 60497*