

CANA II REGISTRATION

THE FOLLOWING ARE DATES AND SIGHTS FOR CANA II IN 2008:

(PLEASE CHECK ONE PREFERRED)

| | |
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| <input type="radio"/> SATURDAY, APRIL 5, 2008 Holy Angels 18205 Chillicothe Road Chagrin Falls | <input type="radio"/> SATURDAY, SEPTEMBER 13, 2008 St. Joseph 12700 Pearl Road Strongsville |
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THE FEE IS \$95.00 PER COUPLE. PAYABLE TO THE: DEPARTMENT FOR MARRIAGE & FAMILY MINISTRY

GROOM'S FIRST NAME: _____ **BRIDE'S FIRST NAME:** _____ **WEDDING DATE:** _____

GROOM'S LAST NAME: _____ **BRIDE'S LAST NAME:** _____ **ADDRESS AFTER WEDDING:** _____

CURRENT ADDRESS: _____ **CURRENT ADDRESS:** _____ **CITY:** _____

CITY: _____ **CITY:** _____ **STATE:** ____ **ZIP:** _____

STATE: ____ **ZIP:** _____ **STATE:** ____ **ZIP:** _____

TELEPHONE NUMBER: _____ **TELEPHONE (DAYTIME):** _____ **TELEPHONE (DAYTIME):** _____

E-MAIL: _____ **E-MAIL:** _____ **PARISH WHERE YOU WILL MARRY:** _____

AGE: ____ **MARITAL STATUS:** _____ **AGE:** ____ **MARITAL STATUS:** _____ **ADDRESS OF PARISH:** _____

- | | |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Never Married | <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Never Married |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

CITY: _____ **ZIP:** _____

DURATION OF 1ST MARRIAGE: _____ **DURATION OF 1ST MARRIAGE:** _____ **PREPARING PRIEST, DEACON OR PASTORAL MINISTER'S**

NAME: _____

RELIGION: _____ **RELIGION:** _____

Please check names of children living with after marriage.

CHILDREN: Name(s) / Age(s)

_____ _____

_____ _____

_____ _____

Please check names of children living with after marriage.

CHILDREN: Name(s) / Age(s)

_____ _____

_____ _____

_____ _____

OCCUPATION: _____ **OCCUPATION:** _____



PLEASE DESCRIBE IN A SENTENCE OR PARAGRAPH YOUR HOPES AND GOALS.

His Description:

Her Description:

Family support is a critical issue in marriage and remarriage. Do you feel support or opposition from your family of origin (parents and siblings)? If you have children, how do they feel about your marriage? (If you are not sure, ask them in a gentle way and accept their response, being as non-defensive as possible.)

DESCRIBE IN A SENTENCE OR PARAGRAPH ANY FEARS OR DOUBTS YOU HAVE ABOUT MARRIAGE.

His Description:

Her Description:

WHICH TOPICS WOULD YOU FIND MOST HELPFUL IN YOUR MARRIAGE PREPARATION?

Please prioritize your choices (i.e. 1, 2, 3)

- Step-parenting/Blended Families
- Inter-Faith Issues
- Dealing with an Ex-spouse
- Dual Career or Work/Family Balance
- Developing a Spiritual Relationship
- Constructive Conflict
- Later Life Marriage – Facing the Issues

Please check all that apply:

WHAT IS YOUR MARRIAGE PREPARATION TO THIS POINT?

- CDEM (Premarital Inventory)
- Meetings with Priest, Deacon, or Pastoral Minister
_____ Number of Times
- Meetings with Other Married couples
_____ Number of Times
- Other – please describe: _____

Please complete the application and mail it with your payment to:

Department for Marriage & Family Ministry, 7911 Detroit Road, Cleveland, OH, 44102 - Attn.: Terese Hardman