

Reservation  
Number: \_\_\_\_\_

*NEW LOVE, NEW LIFE REMARRIAGE PROGRAM*

**Program Dates:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**HIS Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Church/City:** \_\_\_\_\_

**Education:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Have you been married before?** \_\_\_\_\_

**How long?** \_\_\_\_\_

**Are you widowed or divorced?** \_\_\_\_\_

**How long have you been widowed or divorced?** \_\_\_\_\_

**Number of children:** \_\_\_\_\_

**Age(s):** \_\_\_\_\_

**Will they be living with you when you remarry?** \_\_\_\_\_

**HER Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Church/City:** \_\_\_\_\_

**Education:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Have you been married before?** \_\_\_\_\_

**How long?** \_\_\_\_\_

**Are you widowed or divorced?** \_\_\_\_\_

**How long have you been widowed or divorced?** \_\_\_\_\_

**Number of children:** \_\_\_\_\_

**Age(s):** \_\_\_\_\_

**Will they be living with you when you remarry?** \_\_\_\_\_

**WEDDING DATE:** \_\_\_\_\_

**Name of the priest arranging wedding:** \_\_\_\_\_

**Name of church and city:** \_\_\_\_\_

**For Office Use Only:**

Received: \_\_\_\_\_

Date: \_\_\_\_\_

Check/M.O.#: \_\_\_\_\_

\* 2017 Remarriage Registration Form