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**Our Lady of Fatima Retreat House**

5353 East 56th Street

Indianapolis, IN 46226

(317) 545-7681

www.archindy.org/fatima

**MARRIAGE PREPARATION PROGRAM INFORMATION SHEET**

**(All fields are mandatory to complete registration – email to** [**jburger@archindy.org**](mailto:jburger@archindy.org)**)**

**Primary Contact Information**

First Name *Click here to enter text*.

Middle Name *Click here to enter text*.

Last Name *Click here to enter text.*

Address *Click here to enter text.*

City *Click here to enter text*.

State *Click here to enter text*.

Zip *Click here to enter text*.

Telephone *Click here to enter text*.

Email Address *Click here to enter text.*

**Wedding Information**

Denomination

*Click here to enter text.*

Wedding Date

*Click here to enter text.*

Wedding Church

*Click here to enter text.*

**His & Her Personal Information**

**Your Personal Information**

First Name *Click here to enter text*.

Middle Name *Click here to enter text*.

Last Name *Click here to enter text.*

Birthdate *Click here to enter text.*

Gender *Click here to enter text.*

Address *Click here to enter text.*

City *Click here to enter text*.

State *Click here to enter text*.

Zip *Click here to enter text*.

**Fiancés Personal Information**

First Name *Click here to enter text*.

Middle Name *Click here to enter text*.

Last Name *Click here to enter text.*

Birthdate *Click here to enter text.*

Gender *Click here to enter text.*

Address *Click here to enter text.*

City *Click here to enter text*.

State *Click here to enter text*.

Zip *Click here to enter text*.

**TOBIT Marriage Prep Weekend Selection**

**Please number your first choice with ‘1’ and your second choice with ‘2’:**

**2020**

* **January 17-19  \_\_\_\_\_\_**
* **May 1-3** \_\_\_\_\_\_\_
* **June 26-28** \_\_\_\_\_\_\_
* **September 18-20 \_\_\_\_\_\_**