



CATHOLIC ENGAGED ENCOUNTER REGISTRATION FORM

We would like to attend a Catholic Engaged Encounter Weekend. We understand that the weekend is for couples who have a definite commitment to each other and who are "free to marry" according to the teachings of the Roman Catholic Church.

To Register: Please visit our National website at <http://ceecanada.ca/niagara-stcatharines>

Download the registration form, complete and email to niagara@ceecanada.ca

The February 2027 fee is \$625.00.

It includes accommodation and meals) and can be paid by Interac e-transfer at ceeniagara@gmail.com

For more information, call or email Céline or Marc, Niagara Coordinators,
at niagara@ceecanada.ca C's cell 289-241-4390 M's cell 289-407-9164

DATE OF ENGAGED ENCOUNTER WEEKEND FOR WHICH YOU ARE REGISTERING: _____

PLEASE PRINT CLEARLY

Groom:

His Full Legal Name: (for Certificate) _____

(first name)

(middle names)

(last name)

His name for name tag: _____

PHONE _____

E-MAIL _____

ADDRESS _____

CITY _____ POSTAL CODE _____

RELIGION _____ Please state in what religion you were baptized: _____

YEAR OF BIRTH _____

Food allergies: (please indicate 'NONE' if not applicable) _____

Bride:

Her Full Legal Name: _____

(first name)

(middle names)

(last name)

Her name for name tag: _____

PHONE _____

E-MAIL _____

ADDRESS _____

CITY _____

POSTAL CODE _____

RELIGION _____ Please state in what religion you were baptized: _____

YEAR OF BIRTH _____ **Food allergies: (please indicate 'NONE' if not applicable)** _____

WEDDING DATE _____

ROMAN CATHOLIC PRIEST (OR DEACON'S): _____

CHURCH NAME: _____

CHURCH ADDRESS: _____

CITY/TOWN _____ PROVINCE: _____ POSTAL CODE: _____

CHURCH EMAIL ADDRESS: _____