



CENTER FOR FAMILY APOSTOLATE

ARCHDIOCESE OF DELHI
1, ASHOK PALACE, NEW DELHI-110001

REGISTRATION FORM

FOR MARRIAGE PREPARATION COURSE

To be held from.....to.....

Timings: Friday 6:00 p.m. to Sunday 4:30 p.m.

NAME (Baptism & Nick Name) (CAPITAL LETTERS)	
SEX MALE/FEMALE	
Father's Name (CAPITAL LETTERS)	
Mother's Name (CAPITAL LETTERS)	
Date of Birth	
Religion	
Name & Place of Parish	
Residential address	
Profession: (Specify) NAME & PLACE OF OFFICE	
Language known	
E-mail ID	
Telephone Nos.(Land & Mobile)	
Proposed date of Marriage, If Fixed	
Payment Mode (Cash/Online Transfer) For online transfer visit our website: www.familycommissiondelhi.org	

I understand that it is mandatory to attend the full course to obtain a Course Certificate.

Date.....

Signature of the Applicant