

ST. ELIZABETH ANN SETON

MARRIAGE PREPARATION

**PARISH BASED COUPLES PROGRAM**

YEAR 2018

**DATE**

**LOCATION**

April 21<sup>nd</sup> and 28<sup>th</sup>  
Time 9:00am to Noon

St Seton Parish Community Room  
509 W Division Rd  
VALPARIASO, IN 46385

October 27<sup>th</sup> and November 3<sup>rd</sup>  
Time 9:00am to Noon

St Seton Parish Community Room  
509 W Division Rd  
VALPARIASO, IN 46385

TWO HALF DAY PROGRAM SESSIONS

9:00 am TO Noon

**THE MARRIAGE PREPARATION PROGRAM CONSISTS OF A  
SERIES OF TWO CLASSES, TAKEN IN ORDER,  
ON TWO CONSECUTIVE SATURDAYS.  
COUPLES MUST COMPLETE BOTH CLASSES.**

**COST FOR PROGRAM: \$100.00 PER COUPLE.**

Payment to St. Elizabeth Seton Parish

Questions call: Fr. Doug 464 1624 x 225 or

Mr. and Mrs. Mark and Sandra Shrall: 219 464 1259

**Register REQUIRED at least six weeks before program date.**

**Session Facilitators: Mr. and Mrs. Sandy & Mark Shrall  
Mr. and Mrs. Charles & Katherine Balmes**

**MARRIAGE PREPARATION ST. ELIZABETH SETON, 2018**

**This course is to be completed a minimum of 3 to 6 months before your wedding.**

**TENTATIVE MARRIAGE DATE:** \_\_\_\_\_ **Church of Marriage:** \_\_\_\_\_

**Groom**

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_ **Cell** \_\_\_\_\_

**What is your faith tradition/denomination:** \_\_\_\_\_

**Pastor's Name** \_\_\_\_\_ **Church Address:** \_\_\_\_\_

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**Bride**

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_ **Cell** \_\_\_\_\_

**What is your faith tradition/denomination:** \_\_\_\_\_

**Pastor's Name** \_\_\_\_\_ **Church Address:** \_\_\_\_\_

**Advanced registration required at least 6 weeks prior to program date.**

**1<sup>st</sup> CHOICE** \_\_\_\_\_ **2<sup>ND</sup> CHOICE** \_\_\_\_\_

**Signature of Parish Priest** \_\_\_\_\_ **Date** \_\_\_\_\_

***TO REGISTER, MAIL YOUR \$100.00 REGISTRATION FEE WITH THIS COMPLETED APPLICATION FORM TO:***

**St. Elizabeth Seton Parish, 509 W. Division Rd., VALPARAISO, IN 46385**

**Signed {Bride}** \_\_\_\_\_ **and {Groom}** \_\_\_\_\_

**You will receive a confirmation notice after your application is processed.**

**A Certificate of Attendance will be mailed to your pastor upon completion of course.**