

From: LaVerne Williams, Parish Secretary
Re: Pre-Cana

Enclosed is the registration form you requested for Pre-Cana to be held at St. Joseph Church in Marion. I have also included a directional map for your convenience.

Please complete the enclosed form and return it with the \$40 registration fee as soon as possible. The fee includes materials, noon luncheon and snacks. Your registration will only be counted when the form and fee are received. Due to the fact that this is a popular date for Pre-Cana attendance your registration will be honored on a first returned, first served basis.

Note that the program for Pre-Cana begins with registration at 8:30 a.m. and is over at approximately 6:15 p.m. This includes the 5:00 p.m. Mass at which time the certificates are given. Please make sure that your schedule and obligations allow for this time frame as there cannot be exceptions.

Should you have any questions please call me at the Parish Office (618-993-3194) during regular business hours which are Monday-Thursday 8:30-4:30 p.m. and Friday from 8:30 a.m.-2:30 p.m.

St. Joseph Church
600 N. Russell Street
Marion, IL 62959
rgm13@midamer.net

Pre - Cana Registration Form

St. Joseph Church
600 N. Russell Street
Marion, IL 62959
618-993-3194 H rgm13@midamer.net

Please Print

Bride

Groom

Name: _____

Name: _____

Phone # _____

Phone # _____

Address for Pre-Cana Mailings:

Address for Pre-Cana Mailings:

Date of Birth: _____

Date of Birth: _____

Church Affiliation: _____

Church Affiliation: _____

We have known each other for _____.

Our Wedding date is _____.

The church and city of your marriage is _____.

The registration fee is \$40 per couple. Please make check payable to St. Joseph Church and mail along with this form to:

St. Joseph Church
Attn: LaVerne
600 N. Russell St.
Marion, IL 62959

If you have any questions, call me (LaVerne) at 1-618-993-3194.

FOR OFFICE USE ONLY

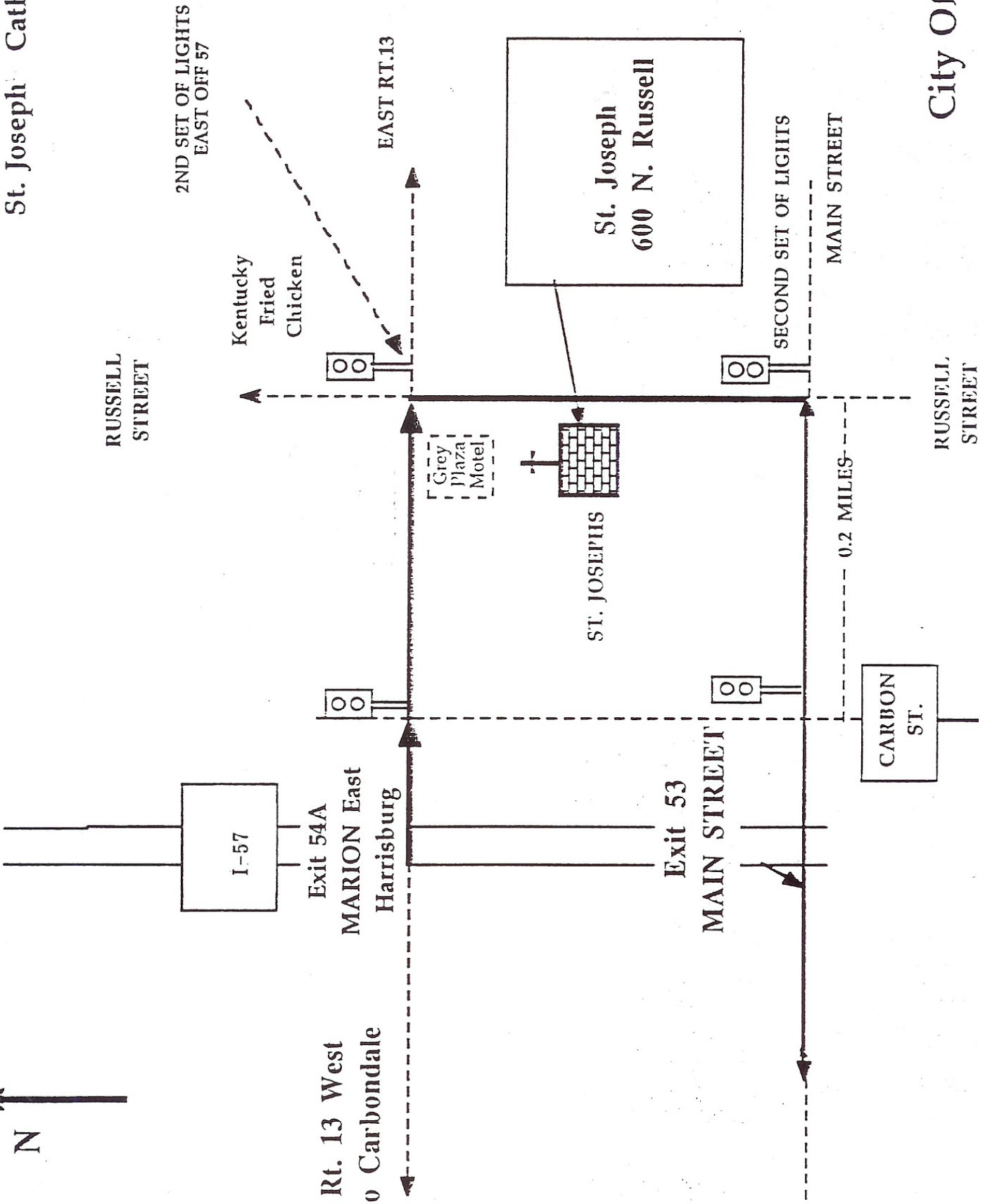
Date Received _____

Fee: \$40

Check # _____



St. Joseph Catholic Church



City Of Marion