

PREMARITAL INFORMATION FORM

1

Wedding Date: _____ at _____
location

Who will perform the wedding: _____

Mailing address: _____

Bride/Wife

Name: _____

Address: _____

City/State/Zip: _____

Phone #s: Home _____ Work _____

Cell _____ **Email _____

Church Home: _____

Age: _____

Groom/Husband

Name: _____

Address: _____

City/State/Zip: _____

Phone #s: Home _____ Work _____

Cell _____ **Email _____

Church Home: _____

Age: _____

****We must have an email address in order to send your usernames and passwords for the online inventories. In order to determine which inventories are appropriate for you we need to know if there are any children from previous relationships. _____ Yes _____ No**

Release of Information

We hereby authorize the instructor(s) / counselor(s) of the Engagement Seminar to release and/or exchange information to my Priest/Clergy, _____ concerning my attendance at the Engagement Seminar, any results of the PREPARE inventory, and any pertinent observations and recommendations.

Date

Signature of Bride

Date

Signature of Groom

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2

PAYMENT:

The total cost of the PREPARE program is \$150.00 per couple, payable by check or credit card. Please make checks payable to BRCCC and mail with this form to : BRCCC, 763 N. Blvd., Baton Rouge, LA 70802. You will then be contacted by email with your username and password so that you may access the online inventories. If you do not have access to the internet, we can mail the booklets and answer sheets to you upon request.

If you wish to pay by credit card (MasterCard or Visa ONLY) please enter the required information below:

NAME ON CARD _____

MC or VISA (circle one) CARD # _____

EXPIRATION DATE ___/___/___ # ON BACK OF CARD _____

ZIP CODE CARD IS LISTED UNDER _____ TOTAL TO CHARGE: _____

SIGNATURE OF CARDHOLDER _____