



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 website at <http://ceecanada.ca/niagara-stcatharines>

Download the registration form, complete and email to ceeniagara@gmail.com The 2026 fee is \$575.00.

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 at ceeniagara@gmail.com C’s cell 289-241-4390 M’s cell 289-407-9164

PLEASE PRINT CLEARLY

Groom:

His Full Legal Name: (for Certificate) _____

(first name)

(middle names)

(last name)

His name for name tag: _____

ADDRESS _____

CITY _____ POSTAL CODE _____

PHONE _____

E-MAIL _____

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

AGE _____

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

Bride:

Her Full Legal Name: _____

(first name)

(middle names)

(last name)

Her name for name tag: _____

ADDRESS _____

CITY _____

POSTAL CODE _____

PHONE _____

E-MAIL _____

RELIGION _____ Please state in what religion or religions you were baptized _____

AGE _____

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

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

WEDDING DATE _____

ROMAN CATHOLIC PRIEST OR DEACON’S NAME: _____

CHURCH NAME, ADDRESS: _____

CITY/TOWN _____

EMAIL ADDRESS _____