

## Marriage Freparation Weekend (Compulsory Stay-In Frogram)

Marriage Preparation		E	Event Marriage Preparation Weekend (MPW)							
Weekend- English.		D	ate	Fri.13th			Closing	Sun.1st		
				March'2	5@2	.00pm-		Date	March'26	
Friday 13th March-Sunday				Sun.15th March'26 @					17101 211 23	
15th March 2026.				4.00pm						
		V	enue	Good Shepherd Seminary, Jalan Laksamana Cheng Ho.						
<b>Closing Date: Sunday 1st</b>		ľ	Ciruc	Melaka.	српст	ad Schinary, Jaian Laksamana Cheng 110.				
March 2026				TVICIANA.						
		С	ost	RM 500/	= Pe	r Couple				
COUPLE PARTICU	ILARS									
Full Name (Male)								Vous EIII I	NAME will be	
, ()									he CERTIFICTE OF	
<b>Identity Card No:</b>								COMPLET	ION so please make	
-								sure it is CI	LEAR and CORRECT	
Tel No.						Occupat	tion			
Handphone / Home										
Address										
Religion	Catholic	/ Chri	stian/ Hii	ndu/Buddł	nist/ [	Γaoist/Oth	ers [ c	ircle the corre	ect one.]	
Full Name								Your FULL	NAME will be	
(Female)									he CERTIFICTE OF	
<b>Identity Card No:</b>									ION so please make	
•								sure it is CI	LEAR and CORRECT	
Tel No.						Occu	pation	1		
Handphone / Home							1			
Address						I				
Religion	Catholic /Christian/Hindu/Buddhist/Taoist/Others [ circle the correct one.]							et one.1		
				/No						
Marriage Registration			If Yes, when?							
marriage registration:			Date: Place:							
Have you received Sa	crament				_ ' '				-	
of Eucharist/Confirmation?		Ve	Yes/ No[Please specify]							
			17]	Date						
When is your proposed date of wedding in the church?  PAYMENT DETAILS  Date										
FAINIENT DETA	ILS									
Send payn	nent slin	and re	oistratio	n to:	Pete	er Nigel		Email		
Via emai.			gistration tot					petnigel@yahoo.com		
via cina								petingence.	yanoo.com	
REGISTRATION	POST		PAYMENT TO ALLIANCE ISLAMIC BANK in favor of:						farran afr	
	rosi									
METHOD	'TRCBMJ-FAMILY LIFE MINISTRY"					:d C 3				
	ACCT NO: 511260010010517. [Send slip/receipt with form]					viin iormj				
			Register, email form to the above with payment slip(payment made)							
	CONTACT						e with			
SIGNATURE OF		[Male	2]		D	ate:		[Female]		
COUPLE										

Signed and attested by Parish Priest: [with chop] \*\*\*PLEASE SEE PAGE TWO FOR SIDNATURES

<sup>\*</sup>Please retain a photocopy of this form for your reference.

## CATHOLICS ARE TO GET THEIR RESPECTIVE PARISH PRIEST TO SIGN.

( Note: Those undergoing RCIA must also get Par	rish Priest Approval)
Parish Priest (Male participant)	Parish Priest (Female participant)
Parish Chop/Signature.	Parish Chop/Signature

<sup>\*</sup>Please retain a photocopy of this form for your reference.