

## Marriage Preparation Weekend (Compulsory Stay-In Program)

| EVENT                    | Event                                                                                     | Marriage Preparation Weekend (MPW) NOV 2020 |                                                |          |                 |           |                |                               |  |
|--------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------|----------|-----------------|-----------|----------------|-------------------------------|--|
| REGISTRATION             |                                                                                           | Date                                        | Fri.20 <sup>th</sup> Nov. @ 5.30pm-            |          |                 |           | ing            | Sun. 8 <sup>th</sup>          |  |
| FORM                     |                                                                                           |                                             | Sun.22 <sup>nd</sup> N                         | lov. @   | 9 4.00pm        | Date      |                | NOV 2020                      |  |
|                          |                                                                                           | Venue                                       | Pusat Majo                                     | di. Jal  | an Masai Lan    | na. Plent | tong.8175      | 0Johor Bahru                  |  |
|                          |                                                                                           |                                             |                                                |          |                 |           |                |                               |  |
|                          |                                                                                           | Cost                                        | RM 350/=                                       | Don Co   | numla.          |           |                |                               |  |
| COUPLE PARTICU           | LARS                                                                                      | Cost                                        | KWI 550/-                                      | rercc    | oupie           |           |                |                               |  |
| Full Name (Male)         |                                                                                           |                                             |                                                |          |                 |           | Vous EUL L     | NAME will be                  |  |
| 2 432 2 (43220 (272420)  |                                                                                           |                                             |                                                |          |                 |           |                | CERTIFICTE OF                 |  |
|                          |                                                                                           |                                             |                                                |          |                 |           |                | ON so please make             |  |
| TO LAY                   |                                                                                           |                                             |                                                |          |                 | 1         | sure it is CLI | EAR and CORRECT               |  |
| Tel No.                  |                                                                                           |                                             |                                                |          | Occupation      |           |                |                               |  |
| Handphone / Home         |                                                                                           |                                             |                                                |          |                 |           |                |                               |  |
| Address                  |                                                                                           |                                             |                                                |          |                 |           |                |                               |  |
|                          |                                                                                           |                                             |                                                |          |                 |           |                |                               |  |
| Paligion                 | Religion Roman Catholic / Christian/ Non Christian [ circle the correct one. ]            |                                             |                                                |          |                 |           |                |                               |  |
| Full Name                | Koman C                                                                                   | amone / Chris                               | stian/ Non Ci                                  | iristia  | in [ circle the |           |                |                               |  |
| (Female)                 |                                                                                           |                                             |                                                |          |                 |           |                | NAME will be<br>CERTIFICTE OF |  |
| (Female)                 |                                                                                           |                                             |                                                |          |                 |           | •              | ON so please make             |  |
|                          |                                                                                           |                                             |                                                |          |                 | 1         | sure it is CLI | EAR and CORRECT               |  |
| Tel No.                  |                                                                                           |                                             |                                                |          | Occupatio       | n         |                |                               |  |
| Handphone / Home         |                                                                                           |                                             |                                                |          |                 |           |                |                               |  |
| Address                  |                                                                                           |                                             |                                                |          |                 |           |                |                               |  |
|                          |                                                                                           |                                             |                                                |          |                 |           |                |                               |  |
|                          |                                                                                           |                                             |                                                |          |                 |           |                |                               |  |
|                          |                                                                                           | atholic /Christ                             | tian/ Non-Ch                                   | ristia   | n [ circle the  | correct   | t one.]        |                               |  |
| Have you done your Civil |                                                                                           |                                             | Yes /No                                        |          |                 |           |                |                               |  |
| Marriage Registration?   |                                                                                           |                                             | If Yes, when?                                  |          |                 |           |                |                               |  |
|                          |                                                                                           | Date:                                       | Place:                                         |          |                 |           |                |                               |  |
| Have you received Sac    |                                                                                           |                                             |                                                |          |                 |           |                |                               |  |
| of Eucharist/Confirma    |                                                                                           |                                             | ease specify                                   |          | <b>D</b> ( )    |           |                |                               |  |
| When is your proposed    |                                                                                           | vedding in the                              | church?                                        |          | Date            |           |                |                               |  |
| PAYMENT DETAI            |                                                                                           | THEDDALO                                    | ETHE SACI                                      | orn i    | IEADT OF I      | Telle     |                |                               |  |
|                          | CATHEDRAL OF THE SACRED HEART OF JESUS Bank in Public Bank Berhad (JB) A/C No. 3100394600 |                                             |                                                |          |                 |           |                |                               |  |
|                          | Dai                                                                                       | ik in i done Di                             | inix Dernau (i                                 | יבי (עני | C 110. 31003.   | 74000     |                |                               |  |
| ☐ I will pos             | e                                                                                         | Bank                                        |                                                |          |                 |           |                |                               |  |
| I will bar               |                                                                                           | No.                                         |                                                |          |                 |           |                |                               |  |
|                          |                                                                                           | -                                           |                                                |          |                 |           |                |                               |  |
| REGISTRATION             | POST                                                                                      | Please POS                                  | T completed                                    | form     | and cheque      | to:MPV    | W Team         | Sacred Heart                  |  |
| METHOD                   |                                                                                           |                                             |                                                |          | Sri Tebrau,     |           |                |                               |  |
|                          |                                                                                           |                                             | ,                                              |          | ,               |           |                |                               |  |
|                          | FAX                                                                                       | Please FAX                                  | completed form and bank-in slip to: 07-3315511 |          |                 |           |                |                               |  |
| SIGNATURE OF             |                                                                                           | [Male]                                      | Date: [Fema                                    |          |                 |           |                |                               |  |
| COUPLE                   |                                                                                           |                                             |                                                |          | -               | [         |                |                               |  |

Signed and attested by Parish Priest:[ with chop]

Signed and attested by Parish Priest [with chop] [If one is working & living in different parish]

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

<sup>\*</sup>For enquiries, contact Feona Petrus 016-7222642 (HP) Carol 07-3326831(O)

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