



CHURCH OF THE SACRED HEART
Chapel of Our Lady of Good Health
152, Jalan Peel, 55100 Kuala Lumpur

Tel: 03-9284 9973 / 9281 9972 Fax : 03-92839972 Email: mysacredhc@gmail.com



REGISTRATION FORM FOR CATHOLIC MARRIAGE PREPARATION COURSE (CMPC)
 (To be submitted at least 4 - 6 months before the proposed date of the marriage)

MALE	FEMALE
Name: _____	Name: _____
Father's Name: _____	Father's Name: _____
Mother's Name: _____	Mother's Name: _____
Date of Birth: _____	Date of Birth: _____
Date of Baptism: _____	Date of Baptism: _____
Church of Baptism: _____	Church of Baptism: _____
Home Address: _____	Home Address: _____
Parish: _____	Parish: _____
Tel No: (Off) _____ H/Phone: _____	Tel No: (Off) _____ H/Phone: _____
Email: _____	Email: _____
Occupation: _____ Religion: _____	Occupation: _____ Religion: _____
First Communion: Yes <input type="checkbox"/> No <input type="checkbox"/>	First Communion: Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirmation: Yes <input type="checkbox"/> No <input type="checkbox"/>	Confirmation: Yes <input type="checkbox"/> No <input type="checkbox"/>
Attendance at Mass: Regular <input type="checkbox"/> Seldom <input type="checkbox"/> Never <input type="checkbox"/>	Attendance at Mass: Regular <input type="checkbox"/> Seldom <input type="checkbox"/> Never <input type="checkbox"/>
Involvement in BEC in your area: Yes <input type="checkbox"/> No <input type="checkbox"/>	Involvement in BEC in your area: Yes <input type="checkbox"/> No <input type="checkbox"/>
Marital Status: Single <input type="checkbox"/> Separated <input type="checkbox"/>	Marital Status: Single <input type="checkbox"/> Separated <input type="checkbox"/>
Divorced <input type="checkbox"/> Widower <input type="checkbox"/>	Divorced <input type="checkbox"/> Widow <input type="checkbox"/>

Are you engaged to each other: Yes No

Relationship to each other: Cousin: _____ Any other: _____

When do you propose to marry? Date: _____ Church: _____

Has a civil marriage taken place? If yes, state date and place: _____

Signature/Date: _____
(to be countersigned by the Parish Priest of the parish concerned)

Rev. _____

Parish of _____

Date: _____

(If applicant is under 21 years of age, signature of parent(s)/guardian needed)

Name/Signature _____

NOTE: This form has to be submitted together with a photocopy of the Baptism Certificate