

# Bukas-Loob sa Diyos

A Covenant Community / Archdiocese of Trenton

Marriage Encounter Weekend

#### Part 1 : Individual Information

	HUSBAND	WIFE
Name		
Nickname		
Age		
Birthday		
Email		
Occupation		
Location of Employer		
Food Allergies/Medical needs		

### Part 2 : Couple Information

	Street	City	State	Zip Code
Place of Residence/Home Address				
Date of Marriage/ Number of Years Married				
Name of Local Parish				
Membership in Other Religious/Civic Org				
Name of BLD Sponsor				

#### Part 3 : Children's Information

Name of Children	Male/Female	Age

\*Please submit or attach copy of your Catholic Marriage

## Certificate \*Make your check payable to BLD Trenton

Husband's Signature: \_\_\_\_\_\_

Wife's Signature: \_\_\_\_\_

Date \_\_\_\_\_