

## **BUKAS-LOOB SA DIYOS**

## **Covenant Community - Diocese of Trenton**


Dear		
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We would like to invite you to join us for a Marriage Encounter Weekend from April 16th 2016, Saturday, at 6:30 am to April 17th, Sunday at the Executive Suites, 30 Minue Street, Carteret, NJ.

The Marriage Encounter Weekend is a weekend retreat for married couples spent together with Christ. It is the most beautiful and rewarding experience we have had as a couple and we would like to share it with you.

We have enclosed an application form for you to fill out and return to us. The cost for the weekend will be \$150 per couple. We look forward to your acceptance and being with us on this most rewarding and enriching experience.

Yours in Christ,



Photo	
(Husband)	

Photo	
(Wife)	

## **PART I - BASIC INFORMATION**

Husband's Last Name	Husban	Husband's First Name		Husband's Nickname		Husband's Date of Birth		
Wife's Last Name	Wife's I	Wife's First Name		Wife's Nickname		Wife's Date of Birth		
Residence Street Address		City		State Zip Code				
Home Telephone No.	Home Telephone No. Home FAX No.		Home E-mail Address					
( ) ( ) Civil Status (Please Check) Married ( ) Single ( ) Widowed ( )		Date of Marriage		Marriage Certificate Submitted YES ( ) NO ( )				
Separated ( ) Divorced ( Current Parish	Parish I	Priest	Prayer Group (If Any)					
BLD Sponsor	O Sponsor Sponsor's Telephone		e No.	Sponsor's BLD Affiliation (ME# or LSS#)				
PART II - ADDITIONA	L		For H	Iusband		F	or Wife	
INFORMATION Highest Educational Attain	nment							
Occupation / Profession								
Employer's Name								
Employer's Address								
Work Telephone No.  Work FAX No.  Work E-mail Address		( )						
Membership in Religious	/ Civic Orga	nization						
PART III - CHILDREN	'S INFORM	<b>IATION</b>						
Name of Child	Sex M / F	Date of MM / D		Name of Chile	d	Sex M/F	Date of Birth MM / DD / YY	
							<u> </u>	
Husband's Signature		Date		Wife' Signa	ature		Date	