

*CATHOLIC ENGAGED
ENCOUNTER
of Boise, Idaho*

PLEASE PRINT CLEARLY

Desired Weekend: 1st Choice _____ 2nd Choice _____

Groom's name: _____
Address _____
City: _____ State: _____ Zip _____
E-mail: _____ Phone _____
Age: _____ Religion: _____ 1st Marriage: yes/no

Bride's name: _____
Address _____
City: _____ State: _____ Zip _____
E-mail: _____ Phone _____
Age: _____ Religion: _____ 1st Marriage: yes/ no

Wedding Date: _____ Parish to be married in: _____
Priest's name _____ Referred by _____
Post Wedding Address: _____
Phone: _____
Special Needs: Dietary/Disabilities/Medical _____

Office use only: Amount Enclosed _____ Check # _____ Confirmation _____ Note _____