

**ST. MICHAEL'S CATHOLIC CHURCH, SHARJAH**

P. O. BOX 1745, SHARJAH. TEL-06-5662424/5662049 FAX-06-5663324

**REGISTRATION FORM**  
**FOR MARRIAGE PREPARATION COURSE**

**DATE :** \_\_\_\_\_

**NO. :** \_\_\_\_\_

**BAPTISM NAME :** \_\_\_\_\_ **SEX :** \_\_\_\_\_

**OTHER NAME :** \_\_\_\_\_

**SURNAME / FAMILY :** \_\_\_\_\_

**FATHER'S NAME :** \_\_\_\_\_

**MOTHER'S NAME :** \_\_\_\_\_

**NO. OF YEARS STAY IN U.A.E. :** \_\_\_\_\_

**TELEPHONE NO. :** \_\_\_\_\_

**CONTACT ADDRESS :** \_\_\_\_\_  
**(U.A.E.)**

**CONTACT ADDRESS :** \_\_\_\_\_  
**(HOME COUNTRY)**

**PARISH :** \_\_\_\_\_

**DIOCESE :** \_\_\_\_\_

