



Bukas Loob sa Diyos
(Open In Spirit To God)
Diocese of Trenton

MARRIAGE ENCOUNTER WEEKEND
No. 24
MARCH 21 -23, 2025
Ave Maria Retreat House
654 Ferry Rd. Doylestown PA 18901

BASIC INFORMATION

HUSBAND	LAST NAME	FIRST NAME	NICKNAME	AGE	DATE OF BIRTH _ / _ / _
WIFE	LAST NAME	FIRST NAME	NICKNAME	AGE	DATE OF BIRTH _ / _ / _
RESIDENCE STREET ADDRESS			CITY	STATE/ZIP CODE	
HUSBAND E-MAIL ADDRESS:			HUSBAND CONTACT TEL. NO. () -		
WIFE E-MAIL ADDRESS:			WIFE CONTACT TEL. NO. () -		
DATE OF MARRIAGE: _____	NAME OF LOCAL PARISH: _____		ANY FOOD ALLERGY/ MEDICAL NEEDS: _____		
NUMBER OF YEARS MARRIED: _____	RELIGIOUS/CIVIC ORGANIZATION: _____				
Name of Sponsor	SPONSOR TEL. NO.		SPONSOR BLD AFFILIATION:		

CHILDREN'S INFORMATION

NAME OF CHILD	AGE

HUSBAND'S SIGNATURE	DATE	WIFE'S SIGNATURE	DATE
_____	_____	_____	_____

PLEASE SUBMIT OR ATTACH COPY OF YOUR CATHOLIC MARRIAGE CERTIFICATE

THANK YOU