

REGISTRATION FORM 2018

The Catholic Divorce Healing Program

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

Email Address: _____

Home Parish (or Church): _____

(Please Circle)

Divorced How long ____

Separated How Long ____

In the process of divorce How Long ____

What would you like to get from this group?

What concerns or questions do you have?

There will be a one-time \$30.00 fee to cover books and materials. Please fill out the registration form and submit along with your payment (checks made payable to St. Alphonsus Church) to the Faith Formation Office or pay online through WeShare.

*St. Alphonsus
Attention: Faith Formation Office
14040 Greenwell Springs Road
Greenwell Springs, LA 70739.3302*

Registration form and fee may also be placed in an envelope marked "Faith Formation" and put in the collection basket during Mass.