

# Marriage & Relationship Education

## Registration Form

We wish to attend (Group Program code) .....

Full name (for Certificate)	Full name (for Certificate)
Miss/Ms/Mrs .....	Mr .....
.....	.....
Preferred Name (for name tag)	Preferred name (for name tag)
..... Age .....	..... Age .....
Occupation .....	Occupation .....
Religion .....	Religion .....
Is this your first marriage? Yes/No	Is this your first marriage? Yes/No
Do you have children? Yes/No	Do you have children? Yes/No
Do you and your partner live together? Yes/No	
Contact Address: .....	
.....	Postcode .....
Contact phone number (9am – 5pm) .....	ask for .....
Date of Marriage .....	Celebrant .....

### Payment Details

I enclose my cheque/money order made payable to *Centacare Tasmania*

Please debit my credit card      Amount: \$ \_\_\_\_\_

Mastercard       Visa

          

Cardholder's Name.....

Signature ..... Expiry Date: .....

Cardholder's Address; .....

Suburb ..... Postcode: .....

Return completed form to:

*Marriage & Relationship Education, Centacare Tasmania, 201 York St. Launceston 7250*