

# Surviving Divorce

## Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Parish or Church: \_\_\_\_\_

Are you civilly divorced? Please explain. \_\_\_\_\_

\_\_\_\_\_

Have you begun the annulment process yet? \_\_\_\_\_

\_\_\_\_\_

Would you like to make an appointment to speak with the pastor/parish advocate?

\_\_\_\_\_

Do you need to know more about the annulment process? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you like to get from this group? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What major concerns or questions do you have? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please complete and return this form to your leader. Thank you!**