

# Central Minnesota Retrouvaille, Inc.

2508 14<sup>th</sup> Street South  
St. Cloud, MN 56301

Toll-Free outside St. Cloud Area: 1-888-255-5314

In St. Cloud Area: (320) 255-5314

[www.helpourmarriage-cmr.org](http://www.helpourmarriage-cmr.org)

## REGISTRATION FORM

Please complete this registration form and send it along with a Non-Refundable Registration Fee of \$75.00 to Central Minnesota Retrouvaille, 2508 14th Street South, St. Cloud, MN 56301

Make checks payable to Central Minnesota Retrouvaille

Please Print

HUSBAND'S NAME: \_\_\_\_\_ NAME PREFERRED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT. # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

RELIGION: \_\_\_\_\_ PARISH: \_\_\_\_\_

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WIFE'S NAME: \_\_\_\_\_ NAME PREFERRED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT. # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

RELIGION: \_\_\_\_\_ PARISH: \_\_\_\_\_

WEDDING DATE: \_\_\_\_\_

SPECIAL NEEDS:  Physical Disability  Dietary  Allergies  Medications  Visual/Hearing   
Learning Disability  Other

(Please explain all checked items:) \_\_\_\_\_

REFERRED BY OR HEARD ABOUT RETROUVAILLE VIA: \_\_\_\_\_