

1st Appt. by Father : _____

2nd Appt. by Father : _____



CHURCH OF THE DIVINE MERCY SHAH ALAM
26 Jalan Pemaju U1/15, Seksyen U1, 40150 Shah Alam, Selangor.
Phone No. : +603 5569 1802

CATHOLIC MARRIAGE PREPARATION

(Date of request appt.: _____)

GROOM PROFILE

BRIDE PROFILE

Name:	Name:
Age:	Age:
DOB:	DOB:
Religion:	Religion:
Date & Place of Baptism:	Date & Place of Baptism:
Confirmation: Yes / No	Confirmation: Yes / No
Have you been married before? Yes / No	Have you been married before? Yes / No
Attend Mass: Regular / Seldom / Never	Attend Mass: Regular / Seldom / Never
BEC & Parish:	BEC & Parish:
Sacrament of confession?	Sacrament of confession?
Occupation:	Occupation:
Contact No.:	Contact No.:
Email:	Email:
Current Address:	Current Address:
Father's Name:	Father's Name:
Mother's Name:	Mother's Name:
Siblings: 1. 2. 3.	Siblings: 1. 2. 3.
Finance/properties/ budget?:	Any other info:

Documents Required:

- () IC (both)/passport (for non-Malaysians only) () Birth certificate (for non-Catholics only)
() Baptism Extract (for both Catholics - latest 6 months) () Confirmation certificate

REMARKS by Father (CMPC : BATCH _____) () CMPC Form Signed & Submitted