

**Giáo Xứ Đức Mẹ Hằng Cứu Giúp**

**Mother of Perpetual Help Parish**

**2121 W. Apollo Road, Garland, TX 75044**

**Phone: 972-414-7073 Email: dmhcggarland@gmail.com**

 **Đơn Ghi Danh Lớp Dự Bị Hôn Nhân**

 **Registration Form – Marriage Preparation Class**

 Ngày ghi danh (*Registration date)*: Month/Tháng \_\_\_\_\_\_\_ Date/Ngày \_\_\_\_\_\_\_ Year/Năm: \_\_\_\_\_\_\_\_\_\_\_\_

 **Học viên (Student)**

 Tên họ *(First & last name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Tên thánh (*Patron saint*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Địa chỉ (*Address)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Điện thoại (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Điện thoại: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_

 Số danh bộ *(Parish Registration number) ­­­­­­­­­­­­­­*\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nhóm/Hội đoàn Sinh hoạt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Nghề nghiệp *(Occupation)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Ngày sinh (*Date of birth):* Month/Tháng: \_\_\_\_\_\_\_\_ Date/Ngày: \_\_\_\_\_\_\_\_\_\_\_ Year/Năm: \_\_\_\_\_\_\_\_\_\_\_\_\_

 **Người vợ/chồng dự định/hiện nay (Intended/present spouse)**

 Tên họ *(First & last name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Tên thánh (*Patron saint*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Địa chỉ (*Address)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Điện thoại (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Điện thoại: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_

 Số danh bộ *(Parish Registration number) ­­­­­­­­­­­­­­*\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nhóm/Hội đoàn Sinh hoạt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Nghề nghiệp *(Occupation)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Ngày sinh (*Date of birth):* Month/Tháng: \_\_\_\_\_\_\_\_\_ Date/Ngày: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year/Năm: \_\_\_\_\_\_\_\_\_\_\_

**Yêu cầu đừng mang trẻ em vào lớp học**

 Lệ phí: $100 mỗi người. Đã đóng $100 [ ], $200 [ ]