

**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 [ ]