



SUNDAY, JUNE 25, 2017
2:30 P.M.
Diocese of Columbus
St. Matthew Parish, Gahanna

REGISTRATION FORM

First Names: _____ Last Name: _____

Address: _____

City: _____ Zip: _____

Phone number: (_____) _____ E-mail: _____

Parish: _____

Celebrating wedding anniversary of:

- 25th 30th 35th 40th 45th 50th
 55th 60th 60+ years (specify anniversary being celebrated: _____)

_____ We will be present at the Jubilee for the 2:30 p.m. Mass and reception.

_____ The number of our guests accompanying us to the Jubilee.

_____ We cannot be present, but wish to receive a certificate of recognition from Bishop Campbell.

Please return completed form by **Friday, June 16:**



Marriage and Family Life Office

Diocese of Columbus

197 East Gay Street
Columbus, OH 43215
(614) 241-2560
FAMILYLIFE@COLSDIOC.ORG

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