



Registration Form

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Home Parish or Church: _____

Are you civilly divorced? Please explain. _____

Have you begun the annulment process yet? _____

Would you like to make an appointment to speak with the pastor/parish advocate?

Do you need to know more about the annulment process? _____

What would you like to get from this group? _____

What major concerns or questions do you have? _____

Please complete and return this form to your leader. Thank you!

Return form to: alma.abuelouf@cc.cdom.org or fax 901-373-1269 by October 1, 2020



Confidentiality Agreement

Leader: Please have each participant read and sign this form at the first meeting.

As a participant in the Surviving Divorce program, I am encouraged to:

- Make every effort to attend each meeting, both as a help for myself and a support for the other group members.
- Show up on time each week out of respect for the group.
- Be a good listener and share my experiences and opinions when appropriate.
- Not shame, condemn, or otherwise attack the character of any group member.
- Stay in touch with group members where I feel I can get or give support.
- Not interfere in the recovery and healing process by dating or developing a romantic relationship with another participant during the program.
- Begin to develop a deeper relationship with God and allow the Holy Spirit to work in my life.
- Pray for the members of the group, the leaders, and their families.

As a participant in the Surviving Divorce program, I am required to:

- Maintain confidentiality within the group.
- Refrain from “bashing” my spouse, former spouse, or an entire gender.

I agree to the terms and conditions encouraged and required above:

Name: _____ Date: _____

Signature: _____

Please complete and return this form to your leader. Thank you!