**DIOCESE**

 **OF**

 **LAREDO**



 **ANNUAL ROMAN**

 **CATHOLIC CHURCH**

 **25th OR 50th**

 **WEDDING ANNIVERSARY**

**MASS**

 ***MISA ANUAL***

 ***DE CELEBRACION***

 ***DE 25 Y 50 AÑOS***

 ***DE MATRIMONIO***

 ***CATOLICO ROMANO***

**![C:\Documents and Settings\MMiller.PASTORALCENTER\Local Settings\Temporary Internet Files\Content.IE5\CIIZYAI8\MC900129382[1].wmf]()**

 **Location of the Mass:**

 **San Agustin Cathedral**

 **201 San Agustin Avenue**

 **Laredo, Texas 78040**

 **Date of the Mass:**

 **Saturday,**

 **February 10th, 2024**

 **At 11:00 AM**

 ***Lugar de la Misa:***

 ***Catedral San Agustín***

 ***Ave. San Agustín #201***

 ***Laredo, Texas 78040***

 ***Sábado***

 ***10 de febrero, 2024***

 ***11:00 AM***

 **For Information Contact:**

**Diocese of Laredo**

**Family Life Office**

**Tel. (956) 727-2140**

 ***Send this registration form to:***

 ***mmiller@dioceseoflaredo.org***

***Para solicitar más información***

***contacte a la***

***Oficina del Ministerio a la Familia***

***De la Diócesis de Laredo***

***Tel. (956) 727-2140***

 ***Favor the enviar esta forma de inscripción completa a:***

***mmiller@dioceseoflaredo.org***

 **REGISTRATION FORM**

Names/ Nombres:

(His */ de El)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Hers /de Ella )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street / *Domicilio* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/ *Ciudad\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State /*Estado* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code / *Código Postal*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone / *Teléfono* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of your Parish / *Nombre de su Parroquia:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of your **Roman Catholic Wedding**:

*Fecha de su* ***Matrimonio Sacramental****:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish of your Roman Catholic Wedding:

*Iglesia donde se efectuó su Matrimonio:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle your anniversary/ Indique

*¿Cuál es su aniversario de bodas?*

**SILVER / *PLATA* 25 years / años**

**GOLD / *ORO* 50 years / años**

 **Family Life Office**

 **Diocese of Laredo Pastoral Center**

 **1201 Corpus Christi Street, Laredo, Texas 78040**

 **Send this form by January 26th, 2024**

***Envie esta forma antes del 26 de enero, 2024***