

**Registration Form
Widowed & Divorced Diocesan Day of Recollection
August 16, 2008**

Parish _____ Town _____

Name #1 _____ Widowed or Divorced

Address _____

City _____ Zip _____

Name #2 _____ Widowed or Divorced

Address _____

City _____ Zip _____

Name #3 _____ Widowed or Divorced

Address _____

City _____ Zip _____

Please forward this completed form with your payment (\$25.00 per individual, includes continental breakfast and lunch) to:

Day of Recollection
Office of Family Life
412 NE Madison Avenue
Peoria, IL 61603