

**DIOCESE OF ORLANDO
 BEREAVEMENT MINISTRY of CONSOLATION TRAINING
 Registration**

Please return registration by the date listed below to the Office of Family Life and Pastoral Care,
 Attention: Bereavement Ministry of Consolation Training
 Diocese of Orlando, PO Box 1800, Orlando, FL 32802; Fax (407) 246-4936

PARISH: _____

PASTOR: _____

All information about the training is included on the accompanying **BROADCAST FAX**. Please include check with the registration form. *(Duplicate this registration form as needed).*

The following people are recommended for the Bereavement Ministry of Consolation at the named parish. They have agreed to attend all required training sessions at the following location:

**Sts. Peter and Paul, Winter Park (Saturdays: February 5, 2011;
 February 12, 2011; February 19, 2011)**

Please mail or Fax this registration form by January 7, 2011

NAME	ADDRESS	CITY/ZIP	PHONE	SESSIONS ATTENDING	IS THIS A MAKE-UP? WHICH SESSION

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The following people are recommended for the Bereavement Ministry of Consolation at the named parish. They have agreed to attend all required training sessions at the following location:

**Our Lady of Lourdes, Daytona Beach (Saturdays: January 8, 2011;
 February 26, 2011; March 5, 2011)**

Please mail or Fax this registration form as soon as possible

NAME	ADDRESS	CITY/ZIP	PHONE	SESSIONS ATTENDING	IS THIS A MAKE-UP? WHICH SESSION