



Congratulations on your decision to marry in the Catholic Church. We are pleased to take part in your sacramental marriage preparation. God bless you in these grace filled moments and know of our prayers as you embark together on this holy vocation.

The New Life: Remarriage Retreat is a two-day marriage preparation retreat where the couples learn more about the Sacrament of Marriage and topics such as Shadows from the Past, Guidelines for Stepfamilies, Finances, Remarriage & New Life. The topics will be presented by staff members of the Family Life Office, a licensed professional counselor and presenting couples. Couples must be referred by their parish priest or deacon.

This retreat is best suited for:

- engaged couples where one or both have been previously married with or without children.
- engaged couples coming from previous cohabitation relationships of 3+ yrs.

Schedule:        Saturday 8:00 am - 5:30 pm  
                      Sunday 8:00 am - 5:30 pm

The completed registration form can be emailed to [familylife@cdob.org](mailto:familylife@cdob.org) with a non-refundable fee of \$140 payable by credit or debit card accepted over the phone or at the Family Life Office. A PayPal Fee will be added to all credit or debit card transactions. Alternatively, a money order can be mailed to the address given at the right. Please do not mail cash or checks. A confirmation letter is mailed to the couple once the application and fee are received.

**Engaged couples must attend both full days or will need to reschedule.** Rescheduling will only be allowed in case of an emergency approved by the Director or Associate and will include a rescheduling fee of \$60 to help defray meal costs.

## REGISTRATION FORM

### DATES:

#### 2025

Feb 1-2

June 7-8

Oct 11-12

#### 2026

Feb 7-8

June 6-7

Oct 10-11

### \*COST:

#### **\$140 per couple**

which includes breakfast, lunch and retreat materials

\*Pay Pal fee will be added to credit or debit card transactions.

### LOCATION:

Bishop Adolf Marx  
Conference Center  
San Juan, TX

### INFO:

Lydia Riojas  
956-784-5012  
[familylife@cdob.org](mailto:familylife@cdob.org)  
[www.cdob.org](http://www.cdob.org)

**Family Life Office/**  
Diocese of Brownsville  
700 N. Virgen de  
San Juan Blvd.  
San Juan, TX 78589





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700 Virgen de  
San Juan Blvd.  
San Juan, TX 78589



Before registering to this retreat you should have:

- met with your parish priest, deacon, or marriage preparation minister to begin your marriage preparation process.
- obtained from your priest, deacon or marriage preparation minister the recommendation to attend a New Life Retreat.

Below please provide the name and parish of the person who recommended you for this retreat.

### GROOM'S AND BRIDE'S INFORMATION

His Name: \_\_\_\_\_

His B-date: \_\_\_\_\_ Catholic? Yes \_\_\_\_\_ No \_\_\_\_\_

His Cell: \_\_\_\_\_ His Email: \_\_\_\_\_

Her Name: \_\_\_\_\_

Her B-date: \_\_\_\_\_ Catholic? Yes \_\_\_\_\_ No \_\_\_\_\_

Her Cell: \_\_\_\_\_ Her Email: \_\_\_\_\_

His or Her Mailing Address: \_\_\_\_\_

Who recommended the retreat for you? \_\_\_\_\_

Recommender's Parish: \_\_\_\_\_

Anticipated wedding date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Church & City where you will be married: \_\_\_\_\_

Date for New Life Retreat: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

In order to receive a Twogether in Texas Certificate worth \$60.00 off the price of your marriage license, please **ensure that the name you print on this registration is spelled exactly as it appears on your Texas Driver's License** (certificate issued at completion of retreat). Please note the Twogether in Texas Certificate will expire 365 days from date issued.

### DIOCESE OF BROWNSVILLE PHOTO AND VIDEO RELEASE

I grant to the Diocese of Brownsville and their officers, agents, representatives, and employees, the right to use my portrait or photograph or video image for promotional purposes, social media, website and office functions. This release will remain valid until revoked in writing:

Yes \_\_\_\_\_ No \_\_\_\_\_

I have read and understand the above: Yes \_\_\_\_\_ No \_\_\_\_\_

*Please see reverse side of this form for payment information*

CATHOLIC DIOCESE OF BROWNSVILLE | FAMILY LIFE OFFICE

