



THE ARCHDIOCESE OF
GALVESTON-HOUSTON



Natural Family Planning
Standard Sympto-Thermal Method
Registration Form

<i>Class Series Information</i>	
Date of Class 1:	Instructors:
Instructional Format: <input type="checkbox"/> Group <input type="checkbox"/> Individual	Location:
<i>Man's Personal Information</i>	<i>Woman's Personal Information</i>
Name:	Name:
Mailing Address:	Mailing Address:
Email Address:	Email Address:
Phone Number:	Phone Number:
Religion:	Religion:
Parish:	Parish:
<input type="checkbox"/> Married (_____ years) <input type="checkbox"/> Single <input type="checkbox"/> Engaged (Wedding Date: _____)	Number of Children: Are you breastfeeding now?
<i>Other Information</i>	
Have you used or are you using hormonal contraceptives (pill, IUD, implant, patch, etc.)? <input type="checkbox"/> Currently <input type="checkbox"/> _____ Date stopped taking	Are you taking prescription medications? Please specify:
Reasons for attending NFP class:	
How did you find out about NFP? <input type="checkbox"/> my Doctor _____ <input type="checkbox"/> my Priest/ Minister _____ <input type="checkbox"/> Parish/Diocesan marriage preparation _____ <input type="checkbox"/> Church Bulletin or Announcement <input type="checkbox"/> Other _____	