



I. COUNSELING PRIEST REPORT

To be sent by the counseling priest directly to the CCFA by email to ccfa.usa@gmail.com or by regular mail to the following address.

على الأب الكاهن إرسال هذا التقرير للمجلس الكليريكي مباشرة بالبريد الإلكتروني أو بالبريد على العنوان التالي

Clerical Council for Family Affairs
Diocese of North Carolina, South Carolina
and Kentucky
101 Shasta Ln. Charlotte, NC 28211

COUNSELING PRIEST NAME:
TELEPHONE NUMBER:
EMAIL:
CHURCH: (NAME & LOCATION)

INFORMATION ABOUT THE COUPLE

APPLICANT'S FULL NAME:
SPOUSE'S FULL NAME:

Dear Father, please write a summary on this marriage and the reasons for its failure. Please include any information (if applicable) on Psychiatric illnesses, disorders, Addictions, Smoking, Drugs, Alcohol, Abuse, Pornography, Perverted Sex, Adultery, Gambling,

Signature of the Priest: _____ Date: _____

Please feel free to use extra papers if needed.

This report is not to be shared with the applicant nor with the spouse. وألا يتطلع على هذا التقرير مقدم الطلب ولا الطرف الآخر