



**COUNSELING PRIEST REPORT**

**To be sent by the counseling priest directly to the ccffaa by email to mail@ccffaa.org or by regular mail to the CCFFAA address. This report is not to be shared with the applicant nor with the spouse.**

على الأب الكاهن ارسال هذا التقرير للمجلس الكليريكي مباشرة بالبريد الإلكتروني أو بالبريد على عنوان المجلس - ولا يتطلع على هذا التقرير مقدم الطلب ولا الطرف الآخر.

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 of the case and the reasons why the marriage failed. 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.

**The CCFFAA will only study the case when it receives this report.**