

WOODBROOK PENTECOSTAL CHURCH
53 Gallus Street, Woodbrook

REQUEST FORM FOR WEDDING CEREMONY

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

TELEPHONE NO: _____

OCCUPATION: _____

CHURCH MEMBERSHIP: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED

NAME OF PERSON GETTING MARRIED TO: _____

ADDRESS: _____

DATE OF BIRTH: _____

TELEPHONE NO: _____

OCCUPATION: _____

CHURCH MEMBERSHIP: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED

REQUESTED DATE OF PROPOSED WEDDING: _____

TIME: _____

HAVE THE LEGAL REQUIREMENTS FOR THE MARRIAGE BEEN SATISFIED?

YES NO

HAVE YOU BEEN ATTENDING PRE-MARRIAGE COUNSELLING SESSIONS AT THE CHURCH?

YES NO

RULES AND REGULATIONS AS AMENDED ON ORIGINAL FORM.

AGREEMENT

I/We agree to abide by the rules and regulations established by the Woodbrook Pentecostal Church for the conduct of the Wedding Ceremony.

Signature of Applicant