



Pre-marital COUNSELLING Form

Please complete the following section & submit this form to the Church Office. _____

1.	Name	Male	:	
		Female	:	
2.	Age	Male	:	
		Female	:	
3.	Contact	Male	:	
		Female	:	
4.	Preferred Commencement Date & Time	1 st Option: 2 nd Option:		

Senior Pastor Approval: Remarks:	Date:
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