



# Calvary Church Premarital Counseling Only

This application does not apply towards in-house weddings and/or using a Calvary Pastor to officiate.

Please return this application to Lynnell Bok in Pastoral Care: lbok@calvarygr.org, 616-956-9377 Ext 3510

<i>Bride's Information</i>	<i>Groom's Information</i>
Bride's Name _____	Groom's Name _____
Age _____	Age _____
How long have you've been attending Calvary? _____	How long have you've been attending Calvary? _____
Phone _____	Phone _____
E-mail _____	E-mail _____
Address _____	Address _____
City _____ ST _____	City _____ ST _____
Zip _____	Zip _____

<i>Wedding Information</i>		
Date of Wedding _____		
<i>Relationship Status</i>		<i>Marriage Preparation Plan (Required)</i>
<i>Bride</i>	<i>Groom</i>	<b>Counseling -To be completed in your Application Appointment by a Pastor</b>
<input type="checkbox"/> Never Married	<input type="checkbox"/> Never Married	<input type="checkbox"/> Calvary Pre-Marital Counseling with _____
<input type="checkbox"/> Divorced	<input type="checkbox"/> Divorced	<input type="checkbox"/> Calvary Remarried Counseling with _____
<input type="checkbox"/> Widowed	<input type="checkbox"/> Widowed	<b>Being One Seminar: God's Design for Marriage</b> <input type="checkbox"/> Feb <input type="checkbox"/> May <input type="checkbox"/> Sept

<i>Tell us why you chose us</i>
Explain below how you chose Calvary Church to do your premarital counselling:

<i>Office Use Only</i>
Date Application Received _____ By: _____
Approved By: _____ Date: _____
NOTES: