



# 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

### Bride's Information

Bride's Name \_\_\_\_\_  
 Age \_\_\_\_\_  
 How long have you've been attending Calvary? \_\_\_\_\_  
 Are you a member?  Yes  No

Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_  
 Zip \_\_\_\_\_

### Groom's Information

Groom's Name \_\_\_\_\_  
 Age \_\_\_\_\_  
 How long have you've been attending Calvary? \_\_\_\_\_  
 Are you a member?  Yes  No

Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_  
 Zip \_\_\_\_\_

### Wedding Information

Date of Wedding \_\_\_\_\_  
 Location of Wedding \_\_\_\_\_  
 Officiating Pastor \_\_\_\_\_

### Relationship Status

Bride	Groom
<input type="checkbox"/> Never Married	<input type="checkbox"/> Never Married
<input type="checkbox"/> Divorced	<input type="checkbox"/> Divorced
<input type="checkbox"/> Widowed	<input type="checkbox"/> Widowed

### Marriage Preparation Plan (Required)

**Counseling -To be completed in your Application Appointment by a Pastor**

Calvary Pre-Marital Counseling with \_\_\_\_\_  
 Calvary Remarried Counseling with \_\_\_\_\_

### Tell us why you chose us

Explain below how you chose Calvary Church to do your premarital counselling:

### Office Use Only

Date Application Received \_\_\_\_\_ By: \_\_\_\_\_  
 Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

NOTES: