

## **APPLICATION FOR MARRIAGE**

Submit to: office@zionmitchell.org or bring completed form to your pre-marriage meeting with Pastor.

Date of Wedding: \_\_\_\_\_

Groom's Information	Bride's Information	
Full Name:	Full Name:	nama l
Address:		
City, State, Zip:	City, State, Zip:	
Cell Phone:DOB:	Cell Phone:	DOB:
Email:	Email:	
Church you are currently a member of:		
Address of couple after the wedding:		
Couple's home phone after the wedding - if ap	plicable:	
Groom's Family	Bride's Family	
Parents' Names:	Parents' Names:	
Residence:	Residence:	
Are your parents married? Groom:	_ Bride:	
Do you attend church together now?		
bo you attend thatch together now:		
Do you plan to attend church together regularly	y after the wedding?	
Are you currently living together?		
Have either of you been married before? Gro		
If yes, please give details:		

Do either of you have children? Groom:	Bride:		
Name:	Age:	Parents:	
Living with you? Yes or No			
Name:	Age:	Parents:	
Living with you? Yes or No		Parents:	
Name:	Age:	Parents:	
Living with you? Yes or No			
Name:	Age:	Parents:	
Living with you? Yes or No			
Please use the bottom of this form for more ch	hildren if necessa	ary.	
Are there any concerns about your marriage y	ou would like	to discuss?	
Why do you want to get married?			