

**CHURCH OF THE APOSTLES**  
Confidential Application for Marriage

**Groom**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Phone (include type) \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer \_\_\_\_\_

E-Mail \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_  
(Include Maiden Name)

**Your Current Marital Status:** Single \_\_\_\_\_ Engaged? \_\_\_\_\_ How long? \_\_\_\_\_  
Living together? \_\_\_\_\_ How long? \_\_\_\_\_ Widowed? \_\_\_\_\_ How long? \_\_\_\_\_  
Divorced? \_\_\_\_\_ How long? \_\_\_\_\_ How many times?

**Bride**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Phone (include type) \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer \_\_\_\_\_

E-Mail \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_  
(Include Maiden Name)

**Your Current Marital Status:** Single \_\_\_\_\_ Engaged? \_\_\_\_\_ How long? \_\_\_\_\_  
Living together? \_\_\_\_\_ How long? \_\_\_\_\_ Widowed? \_\_\_\_\_ How long? \_\_\_\_\_  
Divorced? \_\_\_\_\_ How long? \_\_\_\_\_ How many times?

Date of Application: \_\_\_\_\_ Proposed Date of Marriage: \_\_\_\_\_  
(wedding date must be at least 6 months after date of application)

## **TO BE COMPLETED BY THE BRIDE:**

Your Name: \_\_\_\_\_

### **FAMILY INFORMATION**

Information about children (if appropriate):

Name	Age	Sex	Living Yes No	Education (in years)	Parent
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If you were raised by anyone other than your own parents, please explain.

\_\_\_\_\_

How many older brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

How many younger brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

### **EDUCATION:**

(Last year completed) High School \_\_\_\_\_ College Degree \_\_\_\_\_

Other training (list type and years) \_\_\_\_\_

Schools attended \_\_\_\_\_

### **HEALTH INFORMATION:**

Rate your health (check): Very Good \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_ Declining \_\_\_\_ Other \_\_\_\_

List all important present or past illnesses, injuries, or handicaps

\_\_\_\_\_

Are you presently taking medication? \_\_\_\_ If so, what? \_\_\_\_\_

Have you used drugs for other than medical purposes? Yes \_\_\_\_ No \_\_\_\_

What? \_\_\_\_\_

Have you ever had a severe emotional upset? Yes \_\_\_\_ No \_\_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_

Have you ever had counseling before? Yes \_\_\_\_ No \_\_\_\_ What was the outcome?

\_\_\_\_\_

### **RELIGIOUS BACKGROUND:**

Member of Church of the Apostles? \_\_\_\_ Other? \_\_\_\_\_ How long? \_\_\_\_\_

Date baptized \_\_\_\_\_ Date confirmed \_\_\_\_\_

Average church attendance per month (circle)

0 1 2 3 4 5 6 7 8 9 10+

Church attendance per month in childhood? (circle)

0 1 2 3 4 5 6 7 8 9 10+

For the questions below, please limit your answer to the space allowed.

Do you consider yourself a spiritual person? Yes \_\_\_ No \_\_\_ Uncertain\_\_\_

Do you believe in God? Yes \_\_\_ No\_\_\_ Uncertain \_\_\_

Do you pray to God? Often \_\_\_ Never \_\_\_ Occasionally \_\_\_

Are you a Christian? Yes \_\_\_ No \_\_\_ Not sure what that means \_\_\_

How long have you been a Christian? \_\_\_\_\_

How frequently do you read the Bible? Often \_\_\_ Never \_\_\_ Occasionally \_\_\_

Do you have regular devotions? Yes \_\_\_ No \_\_\_

Explain recent changes in your spiritual life, if any

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What do you think makes a Christian marriage?

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What will be your involvement in the Church after your wedding?

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Have you applied for marriage elsewhere? If so, where?

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Have you ever been refused for marriage elsewhere?

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Have you had pre-marital preparation elsewhere?

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Why do you want to be married by a minister from Church of the Apostles?

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Will your wedding take place at Apostles or elsewhere?

(please name the location if it is not Apostles)

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## **TO BE COMPLETED BY THE GROOM:**

Your Name: \_\_\_\_\_

### **FAMILY INFORMATION**

Information about children (if appropriate):

Name	Age	Sex	Living Yes No	Education (in years)	Parent
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If you were raised by anyone other than your own parents, please explain.

\_\_\_\_\_

How many older brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

How many younger brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

### **EDUCATION:**

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Other training (list type and years) \_\_\_\_\_

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\_\_\_\_\_

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What? \_\_\_\_\_

Have you ever had a severe emotional upset? Yes \_\_\_\_ No \_\_\_\_ Explain \_\_\_\_\_

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