

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		Education	Parent
			Yes	No		
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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

What do you think makes a Christian marriage?

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

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

Have you ever been refused for marriage elsewhere?

Have you had pre-marital preparation elsewhere?

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

Will your wedding take place at Apostles or elsewhere?

(please name the location if it is not Apostles)

TO BE COMPLETED BY THE GROOM:

Your Name: _____

FAMILY INFORMATION

Information about children (if appropriate):

Name	Age	Sex	Living		Parent
			Yes	No	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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How many younger brothers _____ sisters _____ do you have?

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