NEW COVENANT CHRISTIAN MINISTRIES

Please print and fax to (770) 484-9394
or save as PDF and email to couplesministry@newcov.org

Print

Premarital Counseling Enrollment Form

GROOM-TO-BE INFORMATION

Please print clearly and legibly

Groom-to-Be's Full Name: _____ (Last / First / M.I.)

Groom-to-be Suffix: Sr. ○ Jr. ○ III ○

Date of Birth: ___/___/___ **E-mail Address:** _____

Address: _____ (Street Address / Apartment/Unit #)

_____ (City / State / ZIP Code)

Home Phone: (___) _____

Cell Phone: (___) _____

When is the best time to contact you? A.M. ○ P.M. ○

BRIDE-TO-BE INFORMATION

Bride-to-Be's Full Name: _____ (Last / First / M.I.)

Date of Birth: ___/___/___ **E-mail Address:** _____

Address: _____ (Street Address / Apartment/Unit #)

_____ (City / State / ZIP Code)

Home Phone: (___) _____

Cell Phone: (___) _____

When is the best time to contact you? A.M. ○ P.M. ○

ENGAGEMENT & WEDDING INFORMATION

Are you engaged to be married? Yes ○ No ○ **Date of Engagement:** ___/___/___

Have you set a wedding date?* Yes ○ No ○ **Date Set:** ___/___/___

***It is strongly suggested that a wedding date not be set prior to completion of Premarital Counseling classes.**

CHURCH MEMBERSHIP

Is groom-to-be a member of NCCM? Yes ○ No ○ **Completed New Member Orientation?** Yes ○ No ○

If not, provide name & location of the church you are a member of: _____

Is bride-to-be a member of NCCM? Yes ○ No ○ **Completed New Member Orientation?** Yes ○ No ○

If not, provide name & location of the church you are a member of: _____

Return completed: email couplesministry@newcov.org, fax: (770) 484-9394, or mail to NCCM – Premarital Counseling, 1760 Phillips Rd., Lithonia, GA 30058