



## Premarital Counseling Enrollment Form

GROOM-TO-BE INFORMATION					
Please print clearly and legibly  Groom-to-be Suffix:					
Groom-to-Be's					-be Suffix: Jr.
Full Name:				Sr.	ÖÖ
	Last	First	M.I.		•
Date of Birth:		E-mail Addres	ss:		
Address:					
Audi 633.	Street Address Apartment/Unit #				
-	City	State		ZIP Code	
II Dhanai				0111	
Home Phone:	( )		<ul><li>When is the best time</li></ul>	A M D I	\ A
Cell Phone:	( )		to contact you?	A.M. P.N	
BRIDE-TO-BE INFORMATION					
Bride-to-Be's					
Full Name:		T't	***		
	Last	First	M.I.		
Date of Birth:		_ E-mail Addre	ess:		
l					
Address:	Street Address	Apartment/Unit #			
	Otroot ridd. ood	Apartmont one "			
-	City	State		ZIP Code	
Home Phone:	()				
Cell Phone:	( )		When is the best time to contact you?	A.M. P.N	
ENGAGEMENT & WEDDING INFORMATION					
Are you engaged to be married?		Yes No	Date of Engagement:		
Have you set a wedding date?*		Yes O No O	Date Set:	1 1	
*It is strongly suggested that a wedding date not be set prior to completion of Premarital Counseling classes.					
CHURCH MEMBERSHIP					
Completed New Member					
Is groom-to-be a member of NCCM?		Yes No O	Orientation?	Yes No (	0
	me & location of the				
church you are a	member of:				
le buide to be a marrhay of NCCN2			Completed New Member Orientation?	Voc O No (	$\sim$
Is bride-to-be a member of NCCM?		Yes No No	Srientation?	Yes No (	J
If not, provide name & location of the church you are a member of:					
	_				
Return completed: email <u>couplesministry@newcov.org</u> , fax: (770) 484-9394, or mail to NCCM – Premarital Counseling, 1760 Phillips Rd., Lithonia, GA 30058					
or mail to Noom – Fremantal Counseling, 1760 Fillings Ru., Litholia, GA 30036					