

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