

Pastor _____
W. C. _____
Calendar _____

PENINSULA COMMUNITY CHURCH
REQUEST FOR MARRIAGE

CONFIDENTIAL –
FOR PASTOR ONLY

REQUESTED WEDDING DATE: _____

TIME: _____

BRIDE: _____

GROOM: _____

ADDRESS: _____

ADDRESS: _____

EMAIL: _____

EMAIL: _____

PHONE: _____ WORK: _____

PHONE: _____ WORK: _____

CAN YOU RECEIVE CALLS AT WORK: Yes No

CAN YOU RECEIVE CALLS AT WORK: Yes No

AGE/BIRTHDAY: _____

AGE/BIRTHDAY: _____

PARENT'S CONSENT: Yes No

PARENT'S CONSENT: Yes No

EXPECTED NUMBER OF GUESTS: _____

LOCATION OF RECEPTION: _____

WILL YOU USE THE SENIOR PASTOR AT PENINSULA COMMUNITY CHURCH Yes No

IF NOT, WHO WOULD YOU REQUEST? NAME _____ PHONE# _____

WILL YOU AGREE TO ATTEND PREMARITAL COUNSELING WITH THE PASTOR OR A STAFF MEMBER FOR AT LEAST THREE SESSIONS BEFORE THE WEDDING? BRIDE: Yes No

GROOM: Yes No

WILL YOU COMPLETE ASSIGNMENTS AS REQUESTED?

BRIDE: Yes No

GROOM: Yes No

ARE YOU A CHRISTIAN?

BRIDE: Yes No NOT SURE

GROOM: Yes No NOT SURE

IF YES, HOW DID YOU BECOME A CHRISTIAN?

BRIDE: _____

GROOM: _____

DO YOU ATTEND CHURCH? Yes No

DO YOU ATTEND CHURCH? Yes No

IF SO, WHICH ONE? _____

HOW OFTEN? _____

HOW LONG HAVE YOU DATED? _____

HOW LONG HAVE YOU BEEN ENGAGED? _____

(BRIDE) ARE YOU PREGNANT? Yes No

HAVE YOU BEEN LIVING TOGETHER? Yes No

WHAT IS YOUR PREVIOUS MARRIAGE EXPERIENCE?

BRIDE: _____

GROOM: _____

IF THERE HAS BEEN A DIVORCE, WHAT HAS BEEN DONE TO PURSUE RECONCILIATION WITH PREVIOUS SPOUSE?

BRIDE: _____

GROOM: _____

BRIDE'S SIGNATURE: _____

GROOM'S SIGNATURE: _____

DATES ARE NOT CONFIRMED ON THE CHURCH CALENDAR WITHOUT A PASTORAL INTERVIEW.

MAIL TO: PASTOR JIM WELCH ♦ 5640 CRESTRIDGE ROAD ♦ RANCHO PALOS VERDES, CALIFORNIA 90275 ♦ 310.377-4661 ♦ FAX: 310.544-8091

www.pccpv.org

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