

PRE-MARRIAGE MINISTRY

		OFFICE USE ONLY GNED MINISTER'S NA	ME:		
DATE:		-	D.O.B		
NAME:	(First)	Initial	(Last Name)		
CIT Y: HOME PHONE:		STATE: WORK	STATE: ZIP: WORK PHONE:		
	he following questions a				
2. Are you	g have you been born a Spirit Filled?				
3. How Ion	g have you been Spirit F attend Church Services	-illed?			
Sunday Morning	g, Sunday I	Night, and Tu	esday Night,		
Please answer \	es or No. (If no, please	state reasons why)			
(If yes, how man	have children?	′es No			
			 are working, how your living	condition is and	
	e pre-marriage ministeri this interview. Initial		ven months, beginning the fir	st session in the	
sessions due to	,	-	riage ministering session, the the individuals that are attend	-	
Print Name:					
Signature:					