



INTERNATIONAL CENTRAL GOSPEL CHURCH
DOMINION TEMPLE FORM

Marriage Form

Fill form with clear prints. Form must be submitted prior to counseling.

Date intending to have ceremony (mm/dd/yy): _____
(Dedications are held the third Sunday of the month)

Is The Man a Member of ICGC-Dominion Temple? Yes No (tick applicable box)

If no, name of Church: _____

When did you became a member of ICGC-Dominion Temple: _____

Is The Woman a Member of ICGC-Dominion Temple? Yes No

If no, name of Church: _____

When Woman became a member of ICGC-Dominion Temple: _____

Name of Man: _____

Address: _____ Apt: _____

City: _____ Zip: _____

Phone: _____ Cel: _____

Marital status of Man: Married Separated Divorced

Name of Woman: _____

Address: _____ Apt: _____

City: _____ Zip: _____

Phone: _____ Cel: _____

Marital status of Woman: Married Separated Divorced

Office use only

Marriage Counsellor's Signature: _____

Date (mm/dd/yy): _____