



POST MARRIAGE COUNSELLING FORM

Name:	
Current Address:	
Email:	Telephone:
Date of birth:	Date of New Birth:
Date of Holy Ghost Baptism:	Date of Water Baptism:
WOFBI (Highest Level Attained):	Date Attained:
Service unit :	Comment:
Unit Leader Name:	Signature: Date:
WSF Province / Location:	
Regional Minister's Name:	
Comment:	
Signature:	Date:
References: <i>(Please write details of two referees who must have known you for not less than five years. An older member of your family and the senior pastor of your previous or current church are preferable).</i>	
Name: Relationship: Address: Contact number: Email Address:	Name: Relationship: Address: Contact number: Email Address:
Are your parents / family aware of your present and any previous marriage union? (and)	
Number of children under 18 (if any):	

Name	Gender/ Ages	Name Of Father or Mother	Where Is This Child Living?

I, here by state that all information I have given on this form and shall give all through this process shall be the whole truth. I shall embrace all instructions and guidance given by the church as necessary steps to secure my glorious marital destiny. I agree that the church may terminate this process at any time I am deemed not to be committed or have given false or misleading information.

Signature:..... Date:.....

For Office Use

Date Received:

Pastoral Allocation:

Comment and recommendation:

Name / Signature:..... Date:.....

Name / Signature:..... Date:.....

*Please return completed form to **london.mc@winners-chapel.org.uk** or alternatively, enclose in a sealed envelope addressed to London Marriage Committee and post in the boxes located at the entrance of the church auditorium and the protocol stand*