



Church of God Chapel

22 Academy Way, PO Box 506GT, Grand Cayman, Cayman Islands
Phone: (345) 949-9393 Email: cogcgt@candw.ky

Pre-Marital Application

Name in Full _____

Father's Full Name _____

Mother's Full Name _____

Date of Birth _____ Nationality _____

Immigration Status _____ Occupation _____

Physical Address _____

Mailing Address _____

Telephone contact numbers _____ Email: _____

Desired date of marriage _____

1. Are you a Christian? _____

2. If so, how long have you been a Christian? _____

3. Is your prospective partner a Christian? _____

4. Why do you desire a "church wedding" instead of a civil ceremony? _____

5. Were you married before? _____

6. If so, how did the marriage(s) end? (Annulment, divorce, death of spouse) _____

7. When was your last full physical examination? _____

8. Would you object to a blood test specifically for sexually transmitted diseases? _____

9. If so, please explain. _____

ON SEPARATE PAGES, PLEASE ANSWER THE FOLLOWING QUESTIONS:

10. What is your definition of marriage?

11. List **10 specific** indications as to why this is the time of your life to marry.

12. List **12 specific** reasons why you want to marry this particular person.