



# southviewchurch

## PREMARRIAGE FORM

### HIS INFORMATION

First Name:

Last Name:

Email:

Cell #:

Age Category:      18-25              26-35              36-42              43-50              50 or older

Do you attend Southview Church:    yes    no    if "yes" for how long?

Is this your first marriage?    yes    no

### HER INFORMATION

First Name:

Last Name:

Email:

Cell #:

Age Category:      18-25              26-35              36-42              43-50              50 or older

Do you attend Southview Church:    yes    no    if "yes" for how long?

Is this your first marriage?    yes    no

### GENERAL INFORMATION

Date of wedding:    Year:                      Month:                      Day:

Is your wedding going to be held at Southview church?    Yes    no

If "no" what is the location of your wedding?

Will you be requiring a pastor from Southview Church to perform your wedding?    Yes    no