

PREMARITAL REGISTRATION FORM

Bride's Name: _____ Age: _____

Street Address: _____

City, State, Zip: _____

Day Phone: _____ Home Phone: _____

Email Address: _____

Name of your church and Pastor's name, if applicable: _____

Name of the person who referred you to the workshop: _____

Groom's Name: _____ Age: _____

Street Address: _____

City, State, Zip: _____

Day Phone: _____ Home Phone: _____

Email Address: _____

Name of your church and Pastor's name, if applicable: _____

Name of the person who referred you to the workshop: _____

Date of your wedding: _____

Check inventory needed:

- Prepare
- Prepare CC
- Prepare MC
- Mate