

MARRIAGE APPLICATION

Groom's name: _____
Address: _____
City/Zip: _____
Phone (indicate best # to reach you):
(W) w/area code: _____
(H) w/area code: _____
(Cell) w/area code: _____
Email: _____
Married before: Yes No
 Member Non-member Worship at Trinity
Church background: _____

Bride's name: _____
Address: _____
City/Zip: _____
Phone (indicate best # to reach you):
(W) w/area code: _____
(H) w/area code: _____
(Cell) w/area code: _____
Email: _____
Married before: Yes No
 Member Non-member Worship at Trinity
Church background: _____

Marriage Ministry Commitment

We have read through the "Preparing For Marriage" brochure and commit to the following:

Future
Husband

Future
Wife

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I am committed to weekly worship at Trinity Lutheran Church. |
| <input type="checkbox"/> | <input type="checkbox"/> | I believe that Jesus Christ is the Forgiver of my sins and the Leader of my life. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am committed to living according to God's standards and abstain from physical intimacy before marriage. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am committed to taking the "Zoe Test Analysis". |

SIGNED: _____ (future husband)

_____ (future wife)

Wedding date requested: _____ Rehearsal date: _____
Time: _____ Time: _____

OFFICE USE ONLY: Meeting _____ Coordinator _____
 Zoe Test _____ Pastoral meeting _____
 Packet sent _____

RETURN THIS FORM TO: Trinity Lutheran Church, 4795 N Hwy 94, St. Charles, MO 63301