



Marriage Mentoring Application

Husband/Groom Portion:

Name: _____

Address: _____

Email: _____

Cell Phone: _____ Occupation: _____

Wife/Bride Portion:

Name: _____

Address: _____

Email: _____

Cell Phone: _____ Occupation: _____

* * * * *

Wedding anniversary (including year) or projected wedding date: _____

Children? Y / N If yes, provide names and ages: _____

Do you have any unusual scheduling issues that may impact when you can meet with your mentors?

For which category are you seeking Marriage Mentoring?

Preparing for marriage Maximizing your marriage Repairing your marriage

Have you and your Spouse/Fiancé discussed and agreed to participating in Marriage Mentoring together? Y / N

Thank you. Please return the completed form to the church office, and we will be in contact with you soon.