

ELIZABETH BAPTIST CHURCH
PASTOR CRAIG L. OLIVER, SR.

www.elizabethbaptist.org

OFFICE USE ONLY

Date Received: _____

Received By: _____

Completed: Yes / Date: _____ No

PREMARITAL EDUCATION FORM

As an active member of Elizabeth, one of you must have fulfilled the following requirements:

- Completion of New Member Orientation classes
- Active member for a minimum of six months
- Couple may not be living together
- Couple may not be expecting (pregnant)

Please contact Darlene Henderson for questions about class schedule, format and fees at darlene.benderson@elizabethbaptist.org or 404-696-8787.

Name (Bride) _____

Name (Groom) _____

I have read and acknowledge the above information and agree to adhere to the Elizabeth Baptist Church premarital enrichment policies. Yes No

Today's Date _____

Bride _____

Email Address _____

Home Number _____

Other Contact # _____

Address _____

Member # _____

Groom _____

Email Address 2 _____

Home Number _____

Other Contact # _____

Address _____

Member # _____

Wedding Date _____

Wedding Location _____

*** Any changes must be submitted in writing ***

EBC: THE REAL EXPERIENCE

RESTORING HOPE • EMPOWERING PEOPLE • ADVANCING THE KINGDOM • LEAVING A LEGACY