

Pre Marital Counseling Application

Complete the application below and return it to Crossroads Christian Church along with \$149.
Please make checks payable to Crossroads.

Please print clearly

GROOM: Name: _____ Birth Date: ____ / ____ / ____

Address: _____

Telephone/Cell Number: _____

Email: _____

BRIDE: Name: _____ Birth Date: ____ / ____ / ____

Address: _____

Telephone/Cell Number: _____

Email: _____

Wedding Date: ____ / ____ / ____ Who will be performing your wedding? _____

Location of your wedding: _____

Previously married? Y N If yes please explain: _____

Children: Please circle: Y N Age and Gender: _____

Currently living together? Y N If so how long: _____

Schedule availability: Mornings Afternoons Evenings Weekends

Are you currently attending a church? If yes which one: _____

What do you hope to get from this Pre Marital Counseling experience? _____

How did you hear about Crossroads Christian Church Pre Marital Counseling? _____

If you have any questions regarding this application or the pre-marital
program please contact Amanda Genduso at 737-4664 x3021.



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