



## Pre-Marital Course

(Please read the wedding policy before you complete this form together with a photo and submit it at the information counter.)

### You

Name as in NRIC	_____	Address	_____
NRIC No.	_____		S( _____ )
Citizenship	_____	Home Tel	_____
Date of Birth	_____	Office Tel	_____
Age	_____	Mobile	_____
Employment/Position	_____	E-mail	_____
Highest Qualification	_____	Dialects Spoken	_____

### You & The Church

Christian Since	_____	Church Activities	_____
Church Membership	(dd/mm/yy) _____	in which you are	_____
Cell Group Leader	_____	Involved	_____

### Your Marital Status

Partner's Name	_____
How long have you known each other?	_____
How long have you been dating?	_____
Are you Engaged?	<input type="checkbox"/> No <input type="checkbox"/> Yes (how long? _____)
No. of Previous Engagements	_____
Separated?	<input type="checkbox"/> No <input type="checkbox"/> Yes (when separated? _____)
Widowed?	<input type="checkbox"/> No <input type="checkbox"/> Yes (when widowed? _____)
Divorced/Annulment?	<input type="checkbox"/> No <input type="checkbox"/> Yes (pls complete the "Approval for Remarriage" form)
Have you registered with the Registrar of Marriages?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Date: _____ ; Is the marriage consummated? <input type="checkbox"/> No <input type="checkbox"/> Yes)
Have you applied for a house with HDB?	<input type="checkbox"/> No ( <input type="checkbox"/> we are in the process of purchasing a property/condo/resale flat) <input type="checkbox"/> Yes (When? _____)
Intended Date of Marriage	_____ (month) _____ (year)

### Your Health

When was the last Medical Check-up?	_____
Reason for Check-up	_____
Are you presently having any health problems? (e.g. heart condition, kidney, blood condition or on any form of medication)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you undergone any surgery?	<input type="checkbox"/> No <input type="checkbox"/> Yes (reason: _____)

### General

Have you undergone any sex-change operation?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Were you ever charged in any Criminal Court of Law?	<input type="checkbox"/> No <input type="checkbox"/> Yes (offence: _____)



## **Pre-Marital Course (Wedding Policy)**

**Please read the following conditions carefully before completing the form.**

1. I need to be a MEMBER of the BETHESDA CATHEDRAL.

In the event my fiance/fiancee is not a member, he/she has to obtain written permission from his/her Pastor before we can be enrolled in the Pre-Marital Course.

2. I need to attend ALL classes and complete ALL homework assignments.
3. We SHOULD NOT set a wedding date until we have met with the Pastor after attending all lessons and completing all homework assignments. The wedding date must be at least six months after the pre-marital course ends.
4. It is our responsibility to file notice of our wedding 21 days before our actual wedding date with the ROM.
5. It is our responsibility to make arrangements and secure a church for our wedding.

**I fully understand that to be married in this Church, the above conditions need to be adhered to. I declare that the information given is true, correct and complete.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### **FOR OFFICIAL USE ONLY**

#### **Approval by Marrying Pastor:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Counsellor's Name \_\_\_\_\_

Date of PMC Course \_\_\_\_\_

Wedding Date \_\_\_\_\_

(month)

(year)