

Grace Methodist Church

Pre-marital Counseling

(For GMC's members only)

Registration Form

Date of Wedding: _____	
Solemnization [<input type="checkbox"/>] Blessing [<input type="checkbox"/>]	
Officiating Minister : _____	
Registrant's Name:	Partner's Name:
Address:	Address:
Email:	Email:
(Hp):	(Hp):
Date of birth:	Date of birth:
Race:	Race: