



INTERNATIONAL CENTRAL GOSPEL CHURCH  
**DOMINION TEMPLE FORM**

**Wedding Form**

Fill form with clear prints. Form must be submitted prior to counseling.

Date intending to have ceremony (mm/dd/yy): \_\_\_\_\_  
(Dedications are held the third Sunday of the month)

Is The Man a Member of ICGC-Dominion Temple?  Yes  No (tick applicable box)

If no, name of Church: \_\_\_\_\_

When did you became a member of ICGC-Dominion Temple: \_\_\_\_\_

Is The Woman a Member of ICGC-Dominion Temple?  Yes  No

If no, name of Church: \_\_\_\_\_

When Woman became a member of ICGC-Dominion Temple: \_\_\_\_\_

Name of Man: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cel: \_\_\_\_\_

Marital status of Man: Married  Separated  Divorced

Name of Woman: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cel: \_\_\_\_\_

Marital status of Woman: Married  Separated  Divorced

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Office use only

Marriage Counselor's Signature: \_\_\_\_\_

Date (mm/dd/yy): \_\_\_\_\_