



RELATIONSHIP REGISTRATION FORM

Brother's
Recent Passport
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IMPORTANT NOTICE

- Filling this form is officially informing the church of your relationship and intention to get married legally (Court wedding), traditionally (Traditional wedding) or Church wedding whether in Global Impact Church or in your parents church.
- Every Global Impact Church member who intends to be joined in holy wedlock in Global Impact Church must have successfully completed the Membership School.
- Every wedding date is a **PROPOSED** date until it is officially approved by the church. Therefore you are kindly advised to always seek official approval of the proposed dates **(3) months before such dates are finalized with your family.**
- Pre-marital counselling through Global Impact Church is a requirement to be married by any pastor of the church. Attendance is therefore compulsory.
- There must be parental consent of your intended wedding. Your parents must give their consent in writing before fixing the wedding dates.

Supervising Counselor Assigned:Tel No:.....

1. Name of Brother.....

Date of Birth:..... Age:.....Genotype

Name of Church:.....Date of
Salvation..... Dept./Unit.....

If Global Impact Church, have you completed Membership and maturity School?.....

Are You Baptized in the Holy Ghost? Yes () No () Don't Know (). If Yes, When
.....



HomeAddress:.....

Occupation:.....Tel:.....E-mail

OfficeAddress:.....

Brief Conviction..... Testimony..... of..... Marital

Have you ever been married?.....If yes, give details.....

Have you been in any other relationship in the last 6 months?Yes() No ()

Do you have parental consent for this relationship? Yes: () No ()

Duration of Courtship.....

Proposed Wedding Date

Name of District Head.

Sign. of District Head......

Name of Area Pastor......

Sign. Of Area Pastor......

Declaration: Ideclare that have read and understood the content of this form and therefore all information provided above are true to the best of my knowledge

Enquiries:, 08055213225



Sister's Recent
Passport
photograph here

2. Name of Sister:

Date of Birth:..... Age:.....Blood Group:Genotype.....

Name of Church:.....Date of Salvation..... Dept./Unit.....

If GIC, have you completed Membership and Maturity Classes?.....

Are You Baptized in the Holy Ghost? Yes () No () Don't Know (). If Yes, When

Home Address:.....

Occupation.....Tel:.....E-mail

Office Address:.....

Brief Testimony of Marital Conviction.....

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Have you ever been married?..... if yes, give details.....

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Have you been in any other relationship in the last 6 months? Yes () No ()

Do you have parental consent for this relationship? Yes: () No ()

Proposed Wedding Date

Name of District Head Sign. Of District Head.....

Name of Area Pastor..... Sign. Of Area Pastor.....

Declaration: Ideclare that all information provided above are true to the best of my knowledge.

Declaration: Ideclare that have read and understood the content of this form and therefore all information provided above are true to the best of my knowledge

*Note: Counseling classes are compulsory and must be attended before the Church can approve the wedding dates.
This form should be submitted a week after collection.*

Enquiries: 08055213225

