



EBENEZER AME CHURCH

Please print and fax to (843) 723-1572
or save as PDF and email to couplesministry@newcov.org

Premarital Counseling Enrollment Form

GROOM-TO-BE INFORMATION

Please print clearly and legibly

Groom-to-Be's
Full Name:

Last

First

M.I.

Groom-to-be Suffix:

Sr. Jr. III

Date of Birth:

____/____/____

E-mail Address:

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Home Phone:

(____) _____

When is the best time
to contact you?

A.M. P.M.

Cell Phone:

(____) _____

BRIDE-TO-BE INFORMATION

Bride-to Be's
Full Name:

Last

First

M.I.

Date of Birth:

____/____/____

E-mail Address:

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Home Phone:

(____) _____

When is the best time
to contact you?

A.M. P.M.

Cell Phone:

(____) _____

ENGAGEMENT & WEDDING INFORMATION

Are you engaged to be married?

Yes No

Date of Engagement:

____/____/____

Have you set a wedding date?*

Yes No

Date Set:

____/____/____

CHURCH MEMBERSHIP

Is groom-to-be a member of EAMEC

Yes No

Completed New Member
Orientation?

Yes No

*If yes, please list class #. If not, provide name &
location of the church you are a member of:*

Is bride-to-be a member of EAMEC

Yes No

Completed New Member
Orientation?

Yes No

*If yes, please list class #. If not, provide name &
location of the church you are a member of:*

Return completed: email ebenezerchurch1@bellsouth.net, fax: (843) 723-1572
or mail to EAMEC - Premarital Counseling, 44 Nassau Street, Charleston, SC 29403.