

Marriage Blitz Application New Hope Church

Date: _____

His Last Name:	Her Last Name:
His First/Middle Name _____ (As it appears on your driver's license)	Her First/Middle Name _____ (As it appears on your driver's license)
Address _____	Address _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Day Phone (_____) _____	Day Phone (_____) _____
Evening Phone (_____) _____	Evening Phone (_____) _____
Email Address _____	Email Address _____
Member _____ Regular Attendee _____ of NHC, If not, which church do you attend? _____	Member _____ Regular Attendee _____ of NHC, If not, which church do you attend? _____
Age _____ Are you: Single _____ Widowed _____	Age _____ Are you: Single _____ Widowed _____
Separated _____ Divorced _____ If divorced, how long? _____	Separated _____ Divorced _____ If divorced, how long? _____
Ages of children (if any) _____	Ages of children (if any) _____

Our registration fee of \$300/couple is accompanying this registration: Yes _____

Payment must be turned in with application. Application will not be processed without payment.

Returning of this form and payment for the Marriage Preparation Blitz does not guarantee registration. Registration of a couple for a Blitz session is subject to availability of instructors and the specific circumstances of the couple.

Please share the circumstance(s) which make you desire the Marriage Preparation Blitz over the weekend or 5 week Marriage Preparation Class:

Please list your general availability (days/times) for doing the Blitz. This will help connect you with the instructor that can best suit your needs.

This Blitz session is intended for those who are considering engagement and for those already engaged.
If you are currently engaged, please complete the following:

When did you become engaged? _____

What is the date of your wedding? _____

Will you request to be married at NHC? Yes _____ No _____ Undecided _____

If you are not being married at NHC, where will it be? _____

Who will perform your ceremony? _____

Phone number (_____) _____

Address of marrying pastor: _____

How did you learn of this Marriage Blitz? _____

We give permission for the Marriage Blitz instructor(s), marriage preparation director, and the marrying pastor to exchange relevant information in a confidential and professional manner. We reserve the right to withdraw this permission at any future time.

His Name	Date	Her Name	Date
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*Please return this form with a check payable to NHC for \$300 per couple to:
New Hope Church, Family Ministries,
4225 Gettysburg Ave. N. New Hope, MN 55428*

For Office Use Only

Date Application Received: _____

Marriage Blitz Instructor Assigned: _____

Date Marriage Blitz Completed: _____