

A. TO BE COMPLETED BY THE APPLICANT:

Date of birth: _____ Maiden Name (if applicable): _____

Date of marriage: _____ Date divorce was final: _____

Were children born to the marriage? Y / N If so, how many (and ages)? _____

Where are the children now? _____

What provisions are made for their support? _____

What is your relationship with the Church? _____

What form of marital counseling was sought when the union was in crisis? If none, please state reason.

If there has been more than one divorce, complete this information and answer the four applicant questions (on front of this form) for each divorce on a separate page.

Signature of the Applicant

Date

B. TO BE COMPLETED BY THE CLERGY:

What counseling has taken place or will take place? _____

Is this person a member of your congregation? If not, of which congregation? _____

If not a member, why did the applicant seek you out? _____

Can you personally support this application? _____

Signature of Clergy

Date