

MARRIAGE QUESTIONNAIRE

Date	Divorce Number	
Full Name	Address	
	(City, County and State)	
Full Name of Previous Spouse (Ma	aiden Name)	
Date of Marriage to Prior Spouse_	Place(City, County and State)	
Date of the final decree of Divorce	Place(City, County and State)	
Data when you were first sayed		
Date when you were first saved	Place (City, County and State)	
Was this divorce previous to your f	first confirmed experience of salvation? Yes	No □
Was the divorce the result of either adultery previous to your divorce?	r you your spouse or both committing fornication or (Matthew 5:32;19:9)	No 🗆
Was the divorce the result of your	unbelieving spouse departing from you, a believer? (1 Corinthians 7:15) $^{ ext{Yes}}\Box$	No □
Were you the Plaintiff or the	Defendant in the divorce?	
Date of your subsequent marriage	ePlace	
, , , , , , , , , , , , , , , , , , , ,	(City, County and State)	
Is the party to this marriage still yo	ur spouse?	No 🗆
How would you rate your present r	marriage?	
belief of the undersigned subject to representations set forth herein are	or affirmation and its representations are true and correct to the best knowledge to the penalties of making a false affidavit or declaration. I understand that the e material and will be relied upon by the Pentecostal Church of God and I agree costal Church of God from any and all claims arising out of my statements made	to hold
Signed	Date	

Please Note: This form must be completed in full, in duplicate, and filed with your application. If your spouse is divorced, a similar statement must also be filed by your spouse. A separate Marriage Questionnaire must be completed for each divorce from either the minister and/or spouse.

Revised 2/4/2019