400 Orchard Rd. #04-01 Orchard Towers, Singapore 238875 ● Tel 6463 4695 ● Fax 6227 6084

PREMARITAL COUNSELLING CLASS - REQUIREMENTS

- 1. Submit premarital class registration form
- 2. Have completed KOM 100
- 3. Have joined COOL Community of Love at Bethany Church Singapore
- 4. Submit a copy of baptism certificate
- 5. Submit a copy of NRIC/passport/FIN
- 6. Submit a copy of marriage license from ROM (if any)
- 7. Submit 2 (two) recent photos of the couple that is taken together (6cm x 4 cm, with red background + white shirt)
- 8. Submit a letter stating parents 'consent to marry.

TAMBAHAN UNTUK PENEGUHAN

- 1. Submit a copy of Marriage certificate/ROM
- 2. Submit a copy of children's birth certificate

Must be memorized

MARRIAGE VOWS

For the bridegroom (male)

The bridegroom and the bride face	e each other. The bridegroom takes the bride's
right hand in his and says:	
	to be my wife, to have and to hold for worse, for richer, for poorer, in sickness and in
health, to love, cherish, and hono and this is my solemn vow.	r, till death do us part, according to God's holy law,
For the bride (female)	
The bride takes the bridegroom's r	ight hand in hers and says:
l,take you,	to be my husband, to have and to
hold from this day forward; for bet	tter, for worse, for richer, for poorer, in sickness
and in health, to love, cherish and	obey, till death do us part, according to God's holy
law, and this is my solemn vow.	

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FORMULIR PERNIKAHAN

		Ref No: BCS/SCT/HM/200/		
Full name Bridegroom : :				
Date of water baptism :				
Place of baptism :				
IC/FIN No. :				
Passport no :				
Citizenship :	·			
Place and date of birth :				
Marriage status :	never/mar	ried*)		
Full Address :				
Email Address :				
Contact No. :				
Name of Father :				
Name of Mother :				
Full name Bride :				
Date of water baptism :				
Place of Baptism :				
IC/FIN No :				
Passport no :				
Citizenship :				
Place and date of birth :				
Marriage status :	never/mar	ried*)		
Full Address :				
Email Address :				
Contact No. :				
Name of Father :				
Nama of Mother :				
Day, date of Holy Matrimony:				
Time :				
Place :				
Status :	Holy Matr	mony/Holy Matrin	nony Confirmation*	
Pastor in Charge :				
	Singapore,			
For Official use only:	Signature			
·				
(Received date) (By: * Please delete accordingly)	(Male)	(Female)	