

FEBRUARY 2021



FULL GOSPEL CHURCH OF GOD

MARRIAGE OFFICER LICENCE APPLICATION FORM

NAME OF APPLICANT:

APPLICATION FORM FOR MARRIAGE OFFICERS LICENCE

This form must be completed and sent to your Regional Overseer.

1. SURNAME OF CANDIDATE: _____
2. CHRISTIAN NAMES OF CANDIDATE: _____
3. IDENTITY NUMBER / DATE OF BIRTH: _____
4. ADDRESS OF CANDIDATE (RESIDENTIAL): _____

5. ADDRESS OF CANDIDATE (POSTAL): _____

6. TELEPHONE NUMBER: _____ (H) _____ (O)
E-Mail Address _____
7. MAGISTERIAL DISTRICT: _____
8. DATE OF ORDINATION: _____
9. QUALIFICATIONS:
 - a) Academic _____
 - b) Theological (period) _____
 - c) Other (Specify) _____
 - d) Name of Diploma _____
 - e) Duration of Course _____
 - f) Subjects in which examinations were passed _____

 - g) Was course taken by correspondence or as a full-time student _____
10. NAME OF PRESENT ASSEMBLY _____
 - 10.1 Name(s) and Address(es) of Congregations served
 - a) _____
 - b) _____
 - c) _____
 - d) _____

11. NUMBER OF MEMBERS _____
12. NUMBER OF ADHERENTS _____
13. DISTANCE a) from nearest Magistrate's Office _____
- b) from Department of Home Affairs _____
14. ANY PREVIOUS APPOINTMENT(S) OF CANDIDATE _____
- Give details: _____
15. ANNUAL AVERAGE NUMBER OF MARRIAGES NORMALLY SOLEMNISED IN YOUR LOCAL CHURCH
- _____
- _____

CERTIFIED COPIES OF IDENTITY, DIPLOMAS AND CERTIFICATES MUST BE ATTACHED.

For Regional Council Use Only

DATE OF APPLICATION RECEIVED: _____

NAME OF REGIONAL COUNCIL: _____

DATE OF APPROVAL/DISAPPROVAL: _____

PROGRESS REPORT: _____

REPORT ON HIS LOYALTY TO THE PROGRAMME OF THE CHURCH: _____

REASONS FOR THE RECOMMENDATIONS: _____

REGIONAL OVERSEER NAME: _____

DATE: _____ SIGNED: _____

APPROVED : SECRETARY GENERAL: _____

DATE: _____