



MANIFESTING
THE IRRESISTIBLE AND INVINCIBLE
PRESENCE OF GOD

CNR DALINDYEBO & AMATOLA STREET
MUNSIEVILLE
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1739
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REGISTRATION OF MARRIAGE FORM

HUSBAND

Full names & Surname						
I.D Number (latest)/ Passport						
Place of Birth Hospital town/ City (Full Address)						
Current full Address						
Full address after marriage						
Occupation						
Highest Qualification						
Contact Number						
Marital Satus	Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widower	<input type="checkbox"/>
Please attach 3 certified I.D Copies	Yes	<input type="checkbox"/>				
Please attach 3 color I.D Photos	Yes	<input type="checkbox"/>				

WIFE

Full names & Surname						
I.D Number (latest)/ Passport						
Place of Birth Hospital town/ City (Full Address)						
Current full Address						
Full address after marriage						
Occupation						
Highest Qualification						
Contact Number						
Marital Satus	Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow	<input type="checkbox"/>
Please attach 3 certified I.D Copies	Yes	<input type="checkbox"/>				
Please attach 3 color I.D Photos	Yes	<input type="checkbox"/>				

WITNESS 1 (above age 21)

Name & Surname						
I.D Number (latest)/ Passport						
Contact number						
Please attach 2 certified I.D Copies	Yes	<input type="checkbox"/>				

WITNESS 2 (above age 21)

Name & Surname						
I.D Number (latest)/ Passport						
Contact number						
Please attach 2 certified I.D Copies	Yes	<input type="checkbox"/>				