OFFICE OF THE
DIMAPUR AO BAPTIST AROGO
DIMAPUR – 797112, NAGALAND

HOLY MATRIMONIAL FORM

Sl. No.	PARTICULARS	BRIDE	GROOM
1.	Name **(As in Educational Certificate)**		
2.	Father's Name		
3.	Surname		
4.	Village		
5.	Fellowship/ Church		
6.	Proposed Date of Wedding ***(Kindly correspond with office regarding the date and venue of the Wedding after verification/confirmation by the deacons)***		
7.	Proposed Fellowship Church		

For Correspondence Purpose:

Name : _____ Signature : _____

Address : _____

Date : _____ Contact no : _____

FOR OFFICE PURPOSE : (To be filled by the Office)

1. Wedding Date : _____
2. Fellowship Venue : _____
3. Time : _____
4. Confirmation Date : _____