



MARANATHA
BAPTIST UNIVERSITY

Applicant Spouse Supplement

Name _____
First Last (Maiden Name)

Full Name of Spouse/Fiancée _____ (Applicant)

Date of Birth _____ Date of Wedding _____

Are you a citizen of the United States? Yes or No

If not a U.S. citizen, what country is your citizenship? _____

Marital Status:

- Engaged*
- Married
- Separated*
- Divorced*
- Remarried*
- Widow or Widower

Number of children: _____

Names/Ages of children:

* Please explain in your testimony.

Use back of form if necessary

Are you in full agreement with the decision of your spouse/fiancé (e) to train for full-time Christian service at Maranatha? Yes or No

Please submit your salvation testimony with this form.

Signature _____ Date _____

Please return this form to:
Office of Admissions
Maranatha Baptist University
745 West Main Street
Watertown, WI 53094
Admissions@mbu.edu
Fax: 920-261-9109