



COUNSELING MINISTRY PREMARITAL QUESTIONNAIRE

Please print neatly in ink, or type.

PERSONAL IDENTIFICATION

NAME: _____ BIRTHDATE: _____
FIRST MIDDLE LAST MONTH/DATE/YEAR

ADDRESS: _____
STREET CITY STATE ZIP

HOME #: _____ WORK #: _____ EMAIL: _____

AGE: _____ EDUCATION (LAST YEAR COMPLETED): _____

FAMILY INFORMATION

PARENTS' NAMES AND PLACE OF RESIDENCE: _____

DESCRIBE YOUR RELATIONSHIP WITH YOUR PARENTS: _____

OF SIBLINGS: _____ DO YOU CURRENTLY LIVE WITH ANYONE OTHER THAN YOUR PARENTS? _____

HEALTH INFORMATION

DESCRIBE YOUR HEALTH: _____

DESCRIBE ANY CHRONIC CONDITIONS: _____

LIST ANY IMPORTANT ILLNESSES OR HANDICAPS: _____

DATE OF LAST MEDICAL EXAM: _____ REPORT: _____
MONTH/DATE/YEAR

CURRENT MEDICATIONS/DOSAGES: _____

DO YOU DRINK ALCOHOLIC BEVERAGES? IF YES, HOW FREQUENTLY AND HOW MUCH? _____

DO YOU SMOKE? IF YES, WHAT AND HOW FREQUENTLY? _____

CHURCH INFORMATION

CHURCH ATTENDING: _____ PHONE #: _____

CHURCH ATTENDANCE PER MONTH (CIRCLE) 0 1 2 3 4 5 6 7 8+

HAVE YOU BEEN BAPTIZED AS A BELIEVER? _____ ARE YOU A MEMBER? _____

INVOLVEMENTS: _____

ARE YOU INTERESTED IN MEMBERSHIP AT GRACE COMMUNITY CHURCH? _____

HOW OFTEN DO YOU READ THE BIBLE? NEVER OCCASSIONALLY OFTEN DAILY

EXPLAIN ANY RECENT CHANGES IN YOUR RELIGIOUS LIFE: _____

WHO IS JESUS? _____

HOW DO YOU KNOW GOD? _____

DESCRIBE YOUR RELATIONSHIP TO GOD: _____

IS THERE ANY OTHER INFORMATION WE SHOULD KNOW THAT IS NOT COVERED BY THIS QUESTIONNAIRE?

MARRIAGE INFORMATION

WEDDING DATE: _____ MINISTER PERFORMING CEREMONY: _____
MONTH/DATE/YEAR

LOCATION OF CEREMONY: _____

PERMANENT ADDRESS AFTER WEDDING: _____

PLEASE SIGN & DATE:

SIGNATURE: _____ DATE: _____
MONTH/DATE/YEAR

PLEASE HAVE YOUR PASTOR OR CHURCH LEADER SIGN IF YOU ARE NOT A MEMBER OR REGULAR ATTENDEE OF GRACE COMMUNITY CHURCH:

SIGNATURE: _____ DATE: _____
MONTH/DATE/YEAR

PHONE#: _____

COUNSELOR'S SIGNATURE (FROM GCC):

SIGNATURE: _____ DATE: _____
MONTH/DATE/YEAR