

COUNSELING MINISTRY PREMARITAL QUESTIONNAIRE

PERSONAL IDENTIFICATION

Please print neatly in ink, or type.

NAME: FIRST MIDDLE LAST	E	BIRTHDATE:	
FIRST MIDDLE LAST		MONTH/	DATE/YEAR
ADDRESS: — CITY			
STREET CITY		STATE	ZIP
HOME #: WORK #:	EMAIL:		
AGE: EDUCATION (LAST YEAR COMPLETED):			
FAMILY INFORMATION			
PARENTS' NAMES AND PLACE OF RESIDENCE:			
TARLETTO TO MILO AND TENDE OF REGIDENCE.			
DESCRIBE YOUR RELATIONSHIP WITH YOUR PARENTS:			
DESCRIBE FOOR RELATIONSTIII WITH FOOR PARENTS.			
# OF SIBLINGS: DO YOU CURRENTLY LIVE WITH ANYON	IE OTHER TI	HAN YOUR PAREN	TS?
HEALTH INFORMATION			
DESCRIBE YOUR HEALTH:			
DESCRIBE ANY CHRONIC CONDITIONS:			
LIST ANY IMPORTANT ILLNESSES OR HANDICAPS:			
DATE OF LAST MEDICAL EXAM: MONTH/DATE/YEAR REPORT:			

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:

BACKGROUND

HOW LONG HAVE YOU KNOWN YOUR PARTNER? HOW LONG HAVE YOU DATED?
TOW LONG HAVE TOO DATED!
ARE THERE ANY PRIOR CIRCUMSTANCES THAT WE SHOULD KNOW OF (E.G., CHILDREN, DIVORCE(S),
SEXUAL OR PHYSICAL ABUSE, ETC.)?
IF YES, PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE:
IF 1E3, FLEASE FROVIDE AS MOCH INFORMATION AS FOSSIBLE.
IF THE ABOVE CIRCUMSTANCE INCLUDES DIVORCE, PLEASE EXPLAIN WHY YOU BELIEVE THAT REMARRIAGE IS JUSTIFIED. USE SCRIPTURE TO DEFEND YOUR POSITION (TRY TO SUMMARIZE WHERE POSSIBLE):

IS THERE ANY OTHER INFORMATION WE SHOULD KNOW THAT IS	S NOT COVERED BY THIS QUESTIONNAIRE?
MARRIAGE INFORMATION	
WEDDING DATE: MINISTER PERFORMING C	CEREMONY:
LOCATION OF CEREMONY:	
PERMANENT ADDRESS AFTER WEDDING:	
PLEASE SIGN & DATE:	
SIGNATURE:	DATE:MONTH/DATE/YEAR
PLEASE HAVE YOUR PASTOR OR CHURCH LEADER SIGIREGULAR ATTENDEE OF GRACE COMMUNITY CHURCH	
SIGNATURE:	DATE:
PHONE#:	WONTH/DATE/TEAK
COUNCEL ODIC CICALATURE (FROM CCC)	
COUNSELOR'S SIGNATURE (FROM GCC):	
SIGNATURE:	DATE: MONTH/DATE/YEAR