

Pre-Marital Counseling Assessment

His Info

Name (First and Last): _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Occupation: _____ Employer: _____

Work Phone: _____

I prefer to be contacted by:

Home Phone Cell Phone Work Phone Email

Other: _____

Best day of the week to contact me: _____ Best time of day: _____

Are you currently married to or separated from an existing spouse? Yes No

Is this your first marriage? Yes No

If no, please give years for previous marriage(s) and reason for annulment.

1st: From _____ to _____

Annulled by Divorce Death Other _____

2nd: From _____ to _____

Annulled by Divorce Death Other _____

Her Info

Name (First and Last): _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

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Annulled by Divorce Death Other _____

2nd: From _____ to _____

Annulled by Divorce Death Other _____

Any Children?

Name _____ Age _____ Male/Female _____

From previous marriage Adopted Our child/out of wedlock

Other: _____

Name _____ Age _____ Male/Female _____

From previous marriage Adopted Our child/out of wedlock

Other: _____

Name _____ Age _____ Male/Female _____

From previous marriage Adopted Our child/out of wedlock

Other: _____

Name _____ Age _____ Male/Female _____

From previous marriage Adopted Our child/out of wedlock

Other: _____

Your Story

When did you meet? (Approximate date): _____

When did you start dating/courting? (Approximate date): _____

Briefly describe where and how you met: _____

(If more details are needed, please use the back of this sheet.)

Are both of you walking with the Lord? Explain. _____

(If more details are needed, please use the back of this sheet.)

Have either of you ever taken any pre-marriage counseling before? Yes No

If so, when? (Approximate Date): _____

Name of Counselor: _____

Counselor's phone number, if known: _____

Where do you attend church?

His church: _____

Pastor's Name: _____ Pastor's phone number: _____

Her church: _____

Pastor's Name: _____ Pastor's phone number: _____

How long have you attended?

His answer: _____ Her answer: _____

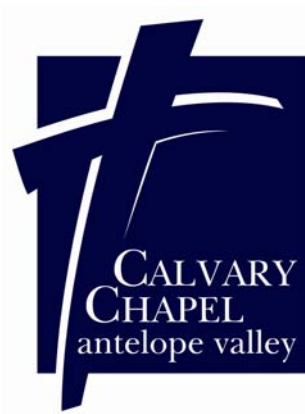
Are you involved in ministry? If so, please list ministries and your role in those ministries.

His Ministries

_____ Role _____
_____ Role _____
_____ Role _____

Her Ministries

_____ Role _____
_____ Role _____
_____ Role _____



ACKNOWLEDGEMENT

We acknowledge that our counselors at Calvary Chapel Antelope Valley are not professional psychiatrists or psychologists and that their counsel is based on God's Word alone. We also recognize that we are solely responsible for our actions. We, therefore, agree that we will not hold Calvary Chapel Antelope Valley, its staff, or our counselor responsible or liable for anything whatsoever connected with the counsel we are to receive.

His Signature _____ Date _____

Her Signature _____ Date _____