



Living Word Open Bible Church Pre – Marital Counseling Form

Mr. (), Ms. ()

Name: _____

Date: _____

Address: _____

Phone #: _____

Date of Birth: _____

Do you have a personal relationship with Jesus Christ? Yes: _____ No: _____

If yes, when did you make that commitment? Month/Year: _____

How would you describe your church attendance? Regularly: _____ Sometimes: _____
Never: _____

Do you have a church home? _____. If yes, where? _____

On a scale of 1 to 10, where 1 is the worst and 10 the best, how would you rate your relationship with your proposed spouse? _____

Why do you want to get married?

What are the **three most critical elements** that you believe should be addressed prior to entering this permanent relationship?

1. _____

2. _____

3. _____

What are your expectations from this relationship?

List ten positive things you desire in your mate:

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

How many of these qualities does your mate possess? _____

Have you received counseling prior to now? Yes: _____ No: _____

Are you presently receiving any other forms of counseling? Yes: _____ No: _____

Have you ever been married? Yes: _____ No: _____

If yes, are you separated or divorced? _____

Do you have any children? _____. If yes, what are their ages? _____

When do you plan to get married? _____

What level did you complete your schooling? Elementary (), High School (), College ().