

Premarital Counseling Application*

(Confidential)

Counseling Ministry of Trinity Baptist Church

PERSONAL INFORMATION

Date: _____

Name _____

Cell Phone () _____ Home Phone () _____

Email address _____

Address _____

Place of employment _____

Work Phone () _____ Sex _____ Birth Date _____ Age _____

Fiancé's Name: _____

Education (last year completed): _____ Degrees or certificates: _____

WEDDING INFORMATION:

Have you set a wedding date? _____ If yes, date of wedding _____

Time of wedding _____

Site of: Wedding _____ Reception _____

Presiding Minister _____

Have you received approval of your request? _____

SPIRITUAL INFORMATION:

Are you a Christian? Yes _____ No _____ Unsure _____

What makes a person a Christian? _____

Are you a member of Trinity Baptist Church? Yes _____ No _____

If No, Are you currently a member of a church? : _____

Pastor's Name _____ Phone _____

Church Name _____ Phone _____

Church Address _____ Zip _____

Permission to consult with pastor as deemed helpful by counselor: Yes ____ No ____

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Do you believe in God? Yes ____ No ____ Uncertain ____

Do you pray to God? Never ____ Occasionally ____ Often ____

Have you been baptized? Yes ____ No ____ At what age? _____

How often do you read the Bible? _____

Religious background of fiancé _____

Describe your understanding of your fiancé's current spiritual status:

RELATIONSHIP STATUS:

Length of time in current relationship _____

How long have you been engaged? _____

Are you and your fiancé currently (Circle one): Living together Living Separately

Why do you want to marry your fiancé?

Do your immediate family members (parents, siblings, or children) give their full support of your intentions to marry? _____ In what ways are they showing or voicing their opinions?

Do your immediate friends give their full support of your intentions to marry? _____ In what ways are they showing or voicing their opinions?

As a result of being in this relationship, do you find yourself walking closer with the Lord, or is your spiritual life being hampered in anyway? Please explain your answer.

Are you or your fiancé bringing any children into this marriage?_____ If so, what are the children saying about having a new step-parent?

List what you see as your fiancé's three greatest character strengths?

- 1.
- 2.
- 3.

List what you see as your fiancé's three greatest character weaknesses?

- 1.
- 2.
- 3.

Are you prepared to accept your fiancé, just as they are, (without trying to change them) for the rest of your life?

Is there anything about this relationship that is causing you to have second thoughts about a lifetime commitment to them?

MARRIAGE AND FAMILY INFORMATION:

Have you ever been married? _____ If yes, how many past marriages? _____

If yes, list divorce date(s): _____

Information about children:

Name	Age	Sex	Previous Marriage?

** All information provided on this form will be kept confidential in the same manner as that disclosed during counseling sessions. Please see our Confidentiality Policy in the Trinity Counseling Agreement.*