

Pre-Marital Counseling Forms



BRIDE'S INFORMATION

Name: _____ Age: _____

Phone: _____ E-mail: _____

Address: _____

Married before?: _____ How long: _____ Divorce Date: _____

**Please include a small explanation if divorced:*

Do you regularly attend church: _____ Where: _____

Religious Background: _____

Current beliefs: _____

On a scale of 1 - 10, how sure are you that God would allow you into Heaven: _____

Why: _____

How do your beliefs resemble your future spouse's: _____

How do you beliefs differ from your future spouse's: _____

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GROOM'S INFORMATION

Name: _____ Age: _____

Phone: _____ E-mail: _____

Address: _____

Married before?: _____ How long: _____ Divorce Date: _____

**Please include a small explanation if divorced:*

Do you regularly attend church: _____ Where: _____

Religious Background: _____

Current beliefs: _____

On a scale of 1 - 10, how sure are you that God would allow you into Heaven: _____

Why: _____

How do your beliefs resemble your future spouse's: _____

How do you beliefs differ from your future spouse's: _____

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COUPLE INFORMATION

Dating Length:_____ Engaged Length:_____ Living Together?:_____ Pregnant?:_____

How does your family & friends feel about your future spouse:_____

How did you meet:_____

Why do you want to get married:_____

Biggest strengths in your relationship:_____

Biggest areas that needs work in your relationship:_____

Best qualities of your relationship:_____

Do you have or want children:_____

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WEDDING INFORMATION *(put a ? if you haven't planned or are not sure of)*

Proposed Wedding Date: _____ Location: _____

Ceremony to be planned by: ___ Pastor Bob ___ Us ___ Other: _____

Other minister(s) assisting: _____

Reception location: _____

Special notes or ideas for wedding: _____

WEDDING PARTY *(first names only)*

Parents of Groom: _____

Parents of Bride: _____

Ring bearer: _____ Flower girl: _____

Best man: _____ Maid of Honor: _____

Groomsman: _____ Bridesmaid: _____

Groomsman: _____ Bridesmaid: _____

Groomsman: _____ Bridesmaid: _____

Usher: _____ Usher: _____ Usher: _____

Reader: _____ Reader: _____ Reader: _____

Sound: _____ Cleaning: _____ Cleaning: _____

Please send your answers by email to: Office@PortageChurch.org
or snail mail: River of Life Church 102 W. Franklin St. Portage, WI 53901

Someone will contact you to set up a time to meet together. Thanks!