

PREMARITAL COUNSELING INFORMATION

Bride's Name (age) _____ () Groom's Name (age) _____ ()
Phone #'s (home) _____ Phone #'s (home) _____
(work) _____ (cell) _____ (work) _____ (cell) _____
Address _____ Address _____

Occupation & Employer _____ Occupation & Employer _____

Home church _____ Home church _____

Brief relationship history (how you met, any breakups, etc.). How long together.

Previous marriage/long-term romantic relationships? (from - to / ended because):

Children? (names & ages; your care-taking responsibilities, if any):

Previous counseling experience:

Any personal conditions or issues which might affect our sessions together (physical, medical, psychological, etc.):

Current living arrangements:

Minister performing ceremony:

We signify by our initials below that our presiding pastor may be informed of our premarital counseling progress.

Date & location of wedding:

BRIDE GROOM

PREMARITAL SESSIONS

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Survey used: PREPARE PREPARE M-C PREPARE CC Other _____

Book(s) used: SYGM BYSID SYMBIS BYR Other _____

PROGRESS NOTES

Session ____ Date _____

Session ____ Date _____

Session ____ Date _____

Session ____ Date _____

Session ____ Date _____

Session ____ Date _____

Other comments:

Pastor informed? Yes No _____

Referral? Yes No _____

Follow up? Yes No _____