

---

# PRE-MARRIAGE MINISTRY

DATE: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
NAME: \_\_\_\_\_  
(First) Initial (Last Name)  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ NAME OF FIANCÉE: \_\_\_\_\_

Please answer the following questions as completely as possible. Thank you

1. How long have you been born again or saved? \_\_\_\_\_
2. Are you Spirit Filled? \_\_\_\_\_
3. How long have you been Spirit Filled? \_\_\_\_\_
4. Do you attend Church Services on a continual basis, such as?  
Sunday Morning \_\_\_\_\_, and Tuesday Night \_\_\_\_\_,  
Please answer Yes or No. (If no, please state reasons why)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you been married before? Yes \_\_\_ No \_\_\_ (If yes, how many times?) \_\_\_\_\_
6. Do you have children? Yes \_\_\_ No \_\_\_ (If yes, how many children?) \_\_\_\_\_
7. Are you working at this time? Yes \_\_\_ No \_\_\_ (In each pre-marriage session you will be asked if you are working, how your living condition is and how is your communication)
8. I agree to have pre-marriage ministering for the period of seven months, beginning the first session in the month following this interview. Initial \_\_\_\_\_
9. I agree that at anytime during the seven months of pre-marriage ministering session, there may be a of the sessions due to an observance of non-compatibility between the individuals that are attending the pre-marriage ministering sessions. Initial \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_