

Premarital counseling is designed to help you prepare for, and establish the strongest marriage possible to the glory of God. We offer Biblical premarital counseling sessions to assist you in this process.

In order to more efficiently serve you, we need to find out about you and your relationship.

1. Carefully review, complete and sign the Premarital Counseling Questionnaire.
2. Each partner is to complete separate forms.
3. Please respond frankly and honestly.
4. When both of your completed questionnaires have been returned to the Discipleship Office (Wende McKnight), someone will call you to schedule an appointment. If you haven't heard from us in a reasonable time, please call the Discipleship Office at 663-3955, ext. 226.
5. You may place the completed forms in sealed envelopes for privacy.
6. All information disclosed in sessions and on the forms will be kept confidential. We will not release information concerning your sessions and/or the fact that you are being counseled to anyone.

COUNSELEE'S AGREEMENT

By accepting counseling from the Soul Care Lay Counseling Ministry, I, (print name) _____ agree to and understand the following: *(Please initial each)*

_____ The counseling provided by Soul Care Lay Counselors is faith-based and spiritual in nature.

_____ Biblical counseling sessions are provided by a lay counselor. Lay counselors do not possess professional licenses or certifications; nor do they necessarily possess the required education, experience or training for such licenses. All lay counselors have been trained by Saint Mark in the areas of Biblical counseling, listening, helping skills, and goals & strategy formation. Referral options to outside professional providers are available upon request if needed.

_____ The content of your sessions are completely confidential except where limited by law. These limitations include any plan to harm others or self along with issues of child and/or elder abuse.

_____ All counseling files and their contents belong to the SMBC Soul Care Lay Counseling Ministry.

_____ Waiver of Liability: In consideration for receiving any form of counseling from the Soul Care Lay Counseling Ministry of SMBC, the person receiving the counseling agrees to release and waive any and all claims of any kind against the ministry, the staff, the counselor(s) or the Church, which may arise from, result out of, or be related to conduct or advice given.

I have carefully read this information sheet and agree to all of the stated terms and conditions

Signature _____

Date _____

PREMARITAL COUNSELING QUESTIONNAIRE

Office Use Only:

Assigned to _____

Date _____

Referred to _____

Date _____

Date _____

PERSONAL DATA

Name (please print name as you would like for it to appear on your premarital counseling completion certificate): _____ Age _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

Email address _____

Occupation/Employer _____

Fiancé's Name _____

WEDDING INFORMATION

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

Who will perform the wedding ceremony? _____

Site of: Wedding _____ Reception _____

If you are planning to hold your ceremony at Saint Mark, have you reserved building use? _____

Have you received approval of your request? _____

What expectations and goals do you desire as a result of your counseling session(s)?

SPIRITUAL INFORMATION

Are you a born again Christian? _____ If yes, how long? _____

Are you a member of Saint Mark? _____

If no, what church do you attend? _____

Pastor's Name: _____ Times per month you attend church _____

Please list any ministry involvement:

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 stepparent?

Describe your relationship with your fiancé's immediate family (parents, siblings, or children).

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

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

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?

MARRIAGES & FAMILY

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

If yes, list divorce date(s): _____

Please list your children (use back if needed):

Name	Age	Does child reside in your home? <i>Check One</i>	<i>Check One</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Birth Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Adoptive Parent
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Birth Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Adoptive Parent
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Birth Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Adoptive Parent
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Birth Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Adoptive Parent

FAMILY HISTORY - (If you have a step-parent, please describe the one you feel closest to or the one you regard as your parent).

ABOUT YOUR FATHER

1. List what you feel are the positive qualities of your father.

2. List what you feel are the negative qualities of your father.

3. Describe how you feel about your father.

4. What emotions does he express openly and how?

5. Describe how you and your father communicate.

6. Describe the most pleasant and unpleasant experiences with your father.

7. In what ways are you like your father?

8. In what ways are you different from your father?

9. How did your father discipline you as a child? Adolescent?

ABOUT YOUR MOTHER

1. List what you feel are the positive qualities of your mother.

2. List what you feel are the negative qualities of your mother.

3. Describe how you feel about your mother.

4. What emotions does she express openly and how?

5. Describe how you and your mother communicate.

6. Describe the most pleasant and unpleasant experiences with your mother.

7. In what ways are you like your mother?

8. In what ways are you different from your mother?

9. How did your mother discipline you as a child? Adolescent?

PARENT'S HISTORY

1. What was the economic status of your parents during your childhood?

What is it now?

2. Status of your parents:

a. Are your parents living or deceased: (Circle one)

Both Living Both deceased One deceased

b. Your parents' marital status: (Circle one) Married Separated Divorce

3. Age of your mother at your birth _____. Age of your father at your birth _____.

4. One a scale of 1-10, rate your perception of the happiness of your parent's marriage: ("1" being very unhappy and "10" being very happy)

5. One a scale of 1-10, rate your parent's perception of the happiness of their marriage. Use "M" for mother and "F" for father. ("1" being very unhappy and "10" being very happy).

6. List in descending order the age and gender of your brothers and sisters including yourself.

7. Describe your mother's and father's religious or Christian faith.

8. In what way is your fiancé similar and dissimilar to your parents?

9. Describe how your mother and father have demonstrated affection to one another and to you.

10. Did you experience any type of abuse in your childhood or adolescence? If yes, please describe.

11. How freely could you express your feelings in your family?

12. Were the rules or lifestyle in your family rigid or flexible?

ABOUT YOU

1. Do you have a dream for your life? If so, please describe it.

2. What is the dream you have for your fiancé's life?

3. What do you want to be doing by age 40?

4. What do you want to be doing by age 50?

5. How do you handle pain and disappointment in your life?

6. Describe how your own marriage and family life will be similar to the family you came from and how it will be different.
