



## ***Premarital Counseling Information Packet***

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 (Sabrina Taylor), 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. 212.
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.
7. You may use the back of the form or attach additional sheets if needed.



## 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?

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

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

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

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

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

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**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