

Pre-Marital Christian Counseling Intake Questionnaire

Personal Information

Name (Partner 1)

Name (Partner 2)

Date of Birth (Partner 1)

Date of Birth (Partner 2)

Phone (Partner 1)

Phone (Partner 2)

Email (Partner 1)

Email (Partner 2)

Relationship Information

Engagement Date

Planned Wedding Date

How did you meet?

How long have you been together?

Spiritual Background

Church Attended (Partner 1)

Church Attended (Partner 2)

Describe your Christian faith (Partner 1)

Describe your Christian faith (Partner 2)

What spiritual practices do you engage in together?

Family & Background

Briefly describe your family background (parents, siblings, upbringing):

Previous marriages or children? Please explain:

Relationship Strengths and Areas of Growth

What do you see as strengths in your relationship?

What areas would you like to grow in as a couple?

Concerns & Expectations

Do you have any concerns going into marriage?

What are you hoping to gain from pre-marital counseling?

Additional Comments

Anything else you’d like to share?