

Christian Pre-Marital Counseling Intake Form

Couple Information

Partner 1 Full Name

Partner 2 Full Name

Partner 1 Age

Partner 2 Age

Partner 1 Occupation

Partner 2 Occupation

Email Address

Phone Number

Address

Wedding Details

Planned Wedding Date

Wedding Location

Spiritual Background

Partner 1 Church Affiliation

Partner 2 Church Affiliation

Partner 1 Involvement (Ministries/Activities)

Partner 2 Involvement (Ministries/Activities)

Counseling Expectations

What are your goals for pre-marital counseling?

Have either of you previously participated in counseling? If yes, please specify.

Family Background & Relationship

Briefly describe your relationship history (how you met, length of relationship, etc.):

Are there any significant family or relationship dynamics we should be aware of?

Additional Notes

Is there anything else you would like to share with your counselor?