

To Be Kept Confidential

General Information

Name _____ Other Name _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Primary phone _____ Work phone _____

Birth date _____ Favorite hobbies and sports _____

Educational background (List highest grade, degree or diploma): _____

How long have you been a Christian? _____ Do you have regular devotions? ☐ Yes ☐ No

What is your greatest struggle as a Christian? _____

On the last page please write out your personal testimony of faith in Christ as your Lord and Savior.**Marriage Information**Fiancée's name _____ Married previously? ☐ Yes ☐ No

How long have you known each other? _____ How long have you steadily dated? _____

When were you engaged? _____ Do you have parents' approval? ☐ Yes ☐ No

Where and when will you be married? _____ By whom? _____

What city will you live in after you get married? _____ Will you then live by yourselves? ☐ Yes ☐ No

Your future address and telephone if known: _____

How far have you gone on your wedding plans? ☐ Haven't started ☐ Started ☐ Almost doneHave you made plans for your honeymoon? ☐ Haven't started ☐ Started ☐ Almost doneHave you had any difficulties planning for either your marriage, honeymoon, or post-marriage days? ☐ Yes ☐ No

If so, please state in which area(s) you have difficulty. _____

Background Info

Are your parents still living? ☐ Mother ☐ Father Where? _____

Occupation (or former, if retired): Father _____ Mother _____

Are your parents Christians? ☐ Yes ☐ No If so, can you talk about your spiritual life with them? ☐ Yes ☐ No

Have your parents ever separated or divorced? ☐ Yes ☐ No When? _____

Rate your parents' marriage: ☐ Unhappy ☐ Average ☐ Happy ☐ Very Happy

As a child, did you feel closest to your ☐ Father ☐ Mother Another (Who?) _____

Rate your childhood: ☐ Very happy ☐ Happy ☐ Average ☐ Unhappy

How many? Older brothers _____ Younger brothers _____ Older sisters _____ Younger sisters _____

Who disciplined you? ☐ Mother ☐ Father Were they strict? ☐ Yes ☐ No

Health Information

Rate your physical health (check one): ☐ Very Good ☐ Good ☐ Average ☐ Declining

Your approximate weight _____ lbs. Recent weight changes: Lost _____ Gained _____

List all important present or past illnesses, injuries, or handicaps:

Date of last medical examination _____ Report results: _____

Have you recently had a medical examination especially with marriage in mind? _____

Have you used drugs for other than medical purposes? ☐ Yes ☐ No What kind? _____

Are you presently taking medication? ☐ Yes ☐ No What kind? _____

Have you ever had a severe emotional upset? ☐ Yes ☐ No If so, when was the latest? _____

Have you ever had any psychotherapy or counseling? ☐ Yes ☐ No When? _____

Do you have any fears or worries? ☐ Yes ☐ No What are they? _____

Do you have any physical or emotional concerns? ☐ Yes ☐ No What are they? _____

Have you discussed family planning? ☐ Some ☐ None ☐ Quite thoroughly

Other Concerns

In what ways are your lifestyles, backgrounds, and opinions similar?

In what ways are your lifestyles, backgrounds, and opinions different?

Is there any pressure to get married, either by someone or some circumstance? ☐ Yes ☐ No

Why are you getting married?

Have you had any previous sexual experiences? ☐ Yes ☐ No When? _____

If so, does your fiancé know of them? ☐ Fully ☐ Partially ☐ Not at all

Are there any other issues you wonder whether you should tell your fiancée? ☐ Yes ☐ No

Have you discussed standards on your physical relationship before marriage? ☐ Yes ☐ No

If so, what is this standard? _____

What are your parents' ideas on this matter?

In what areas do you find the greatest disagreements?

Does your fiancée know you disagree on these things? ☐ Yes ☐ No ☐ Somewhat

Do you see marriage creating any difficulties or stresses in your life? ☐ Yes ☐ No If so, what?

Please use additional pages to let us know more details or other important information not previously asked.

PREMARITAL QUESTIONNAIRE

Page 4 of 4

My Personal Testimony

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