

Pre-Marital Counseling Information Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email addresses: His: _____ Hers: _____

Phone # at which you prefer to be called (____) ____-_____

Secondary Street Address: _____

Secondary phone # (____) ____-_____

May we contact you using this information? Yes ___ No ___

Gender & Age : Male _____ Female _____

Wedding Date: _____ Wedding Location: _____

Wedding Official: _____ Date You Became Engaged: _____

Current Marital Status:

___ Never Married ___ Married ___ Divorced ___ Separated ___ Widowed

If applicable, Previous Marital History:

Name of Previous Spouse	Date of Marriage	Date of Divorce/Death
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_____	_____	_____
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_____	_____	_____
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Do you have any children? Yes ___ No ___

If yes please list

Name of child	age	Gender	Does this child live with you?
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_____	___	Male ___ Female ___	Yes ___/No ___
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_____	___	Male ___ Female ___	Yes ___/No ___
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Who should be contacted in case of an emergency?

Name: _____ Phone #: _____ Relationship: _____