

CrossLife Ministries
 Pre-Marital Initial Intake
 Personal Confidential Information

Please print clearly:

				Date of Initial Visit:						
Last Name:			First Name:							
Mailing Address:			DOB:							
			Home Phone:							
City, State And Zip:			Work Phone:							
			Cell Phone:							
Fiancé's Name:					Fiancé's DOB:					
Email:										
Anticipated Wedding date:										
Previous Marriages To:										
Date of Prior Marriage:										
Date Marriage Ended:										
Children: Name		DOB:		Children: Name		DOB:				
Children: Name		DOB:		Children: Name		DOB:				
Children: Name		DOB:		Children: Name		DOB:				
Your Occupation: And Employer					Fiancé's Occupation: And Employer					
Your Education: If college—degree and where					Fiancé's Education: If college—degree and where					
Present Health: Describe										
Current Medications: Name and dosage										
Do you smoke?				Use drugs? (Illegal drugs)				Alcohol?		
Are you saved? If so, when					Is your fiancé saved? If so, when					
Church Affiliation? (What church do you attend?)										
How did you hear about CrossLife Ministries?										
Why do you seek counseling today?										