

**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?                |  |  |             |                        |  |                                   |   |                |  |          |  |      |  |  |  |
|  |  |  |             |                        |  |                                   |   |                |  |          |  |      |  |  |  |