

# Premarital Biblical Counseling Request Form

## YOUR PERSONAL INFORMATION

---

**TITLE**

PASTOR     MINISTER     DEACON     MR.     MRS.     MS.     DR.

**FIRST NAME** \_\_\_\_\_ **LAST NAME** \_\_\_\_\_

**DATE OF BIRTH** (to verify age) \_\_\_\_\_ **TELEPHONE NUMBER** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**HOME / MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**HAVE YOU EVER BEEN MARRIED?**     YES     NO

**IF YES, EXPLAIN DETAILS OF THE MARRIAGE DISSOLUTION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO YOU HAVE CHILDREN FROM PREVIOUS RELATIONSHIP / MARRIAGE?**     YES     NO

**IF YES, HOW MANY? WHAT AGES?** \_\_\_\_\_

**IS THERE A CUSTODY ARRANGEMENT?** \_\_\_\_\_

\_\_\_\_\_

## YOUR FIANCEÉ / FIANCÉ'S PERSONAL INFORMATION

---

### TITLE

PASTOR     MINISTER     DEACON     MR.     MRS.     MS.     DR.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

DATE OF BIRTH (to verify age) \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME / MAILING ADDRESS: \_\_\_\_\_

---

HAS YOUR FIANCEÉ / FIANCÉ EVER BEEN MARRIED?     YES     NO

IF YES, EXPLAIN DETAILS OF THE MARRIAGE DISSOLUTION: \_\_\_\_\_

---

---

DOES YOUR FIANCEÉ / FIANCÉ HAVE CHILDREN FROM PREVIOUS RELATIONSHIP / MARRIAGE?

YES     NO    IF YES, HOW MANY? WHAT AGES? \_\_\_\_\_

IS THERE A CUSTODY ARRANGEMENT? \_\_\_\_\_

---

DO YOU AND YOUR FIANCEÉ / FIANCÉ HAVE CHILDREN TOGETHER?     YES     NO

### COURTSHIP

---

HOW LONG HAVE YOU KNOWN EACH OTHER? \_\_\_\_\_

HOW LONG HAVE YOU AND YOUR FIANCEÉ / FIANCÉ BEEN "COURTING" ONE ANOTHER? HOW DID YOU MEET?

---

---

## RELIGIOUS BACKGROUND

---

ARE YOU A BORN AGAIN CHRISTIAN?     YES                     NO                     NOT SURE

IF YOU ARE A BORN AGAIN CHRISTIAN, PLEASE STATE YOUR TESTIMONY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE A CHURCH HOME?     YES, \_\_\_\_\_                     NO

IS YOUR FIANCEÉ / FIANCÉ A BORN AGAIN CHRISTIAN?     YES                     NO                     NOT SURE

IF YOUR FIANCEÉ / FIANCÉ IS A BORN AGAIN CHRISTIAN, PLEASE GET THEIR TESTIMONY AND STATE IT  
HERE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DOES YOUR FIANCEÉ / FIANCÉ HAVE A CHURCH HOME?     YES, \_\_\_\_\_                     NO

ANTICIPATED DATE OF MARRIAGE: \_\_\_\_\_

PASTOR REQUESTED TO DO PREMARITAL BIBLICAL COUNSELING (CHECK ONE):

PASTOR VINCENT JORDAN

PASTOR LEE MCCLUSTER

PLEASE SIGN: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE SIGN: \_\_\_\_\_

DATE: \_\_\_\_\_

**PRINT & BRING TO FIRST PREMARITAL BIBLICAL COUNSELING SESSION, OR MAIL TO  
GRACE COMMUNITY CHURCH / P.O. BOX 530007 / ST. PETERSBURG, FL 33747**