



SLMMBC

ST. LUKE MEMORIAL MISSIONARY BAPTIST CHURCH

PRE-MARITAL COUNSELING REQUEST FORM

DATE: _____

Bride's Information

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Home # _____ Cell # _____ Work # _____

Number of Previous Marriages _____ Last Marriage Ended (date/month) _____

If applicable, last ended marriage by: Death or Divorce

Groom's Information

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Home # _____ Cell # _____ Work # _____

Number of Previous Marriages _____ Last Marriage Ended (date/month) _____

If applicable, last ended marriage by: Death or Divorce

Couple's Information

Wedding Date _____ Length of Engagement _____

Do either of you have children? Yes or No How many children? _____

Briefly explain how you met: _____

How do you believe pre-marital counseling will be helpful to your relationship? _____

FOR OFFICE USE ONLY:

Form Received by: _____ Date Received: _____ Date of 1st Counseling: _____