

**Couples Pre-Marital Course Intake Form**

All information provided in this intake is confidential and cannot be released without your consent.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

How did you hear about my services? \_\_\_\_\_

Is it okay to contact the referral to thank them?  Yes  No

Wedding Date \_\_\_\_\_ Wedding Location \_\_\_\_\_

Who is officiating your ceremony? \_\_\_\_\_

How long have you been dating? \_\_\_\_\_ How long have you been engaged? \_\_\_\_\_

Are you living together?  Yes  No If no, do you plan on living together before the wedding?  Yes  No

Is this your first marriage?  Yes  No If no, how long was your previous marriage? \_\_\_\_\_

Do you have children?  Yes  No

If yes: 1) how many, 2) what are their names, 3) what is the custody arrangement, and 4) briefly describe your relationship and the child(ren)'s relationship with your intended spouse?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your family feel about your relationship and your marriage?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are some of your favorite things about your relationship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Area(s) of current or possible concern (roles and responsibilities, family and friends, communication, conflict resolution, financial management, sexual relationship, keeping romance alive, religion/spiritual beliefs, social involvement, leisure activities/interests, partner style & habits, managing differences, decision making, having children, expectations, managing stress and time, health issues, personal issues or hot topics, other...)

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Signature \_\_\_\_\_ Date \_\_\_\_\_