



# Scottsdale Bible Church

## *Marriage Preparation Class*

Begins: Saturday, Sept 10 - 8:00 am – 1 pm

Sundays: Sept 11, 18, 25, Oct, 2, 9, 16, 23

11:00 am to 12:30 pm

Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

**HIS** LAST Name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

**PLEASE PRINT YOUR EMAIL ADDR CAREFULLY** Primary e-mail: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Number of Previous Marriages \_\_\_\_\_ How long have you been currently divorced \_\_\_\_\_

If there are there children from your previous relationships:: \_\_\_\_ # Boys \_\_\_\_ # Girls Do you have physical custody? \_\_\_\_\_

DOB Eldest \_\_\_\_/\_\_\_\_/\_\_\_\_ DOB Middle \_\_\_\_/\_\_\_\_/\_\_\_\_ DOB Youngest \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you willing to discuss your previous marriage ? Yes \_\_\_\_ No \_\_\_\_

Your home Church: \_\_\_\_\_ How often do you attend church services? \_\_\_\_\_

On a scale of 1 – 10 (1 not sure – 10 absolutely positive), how sure are you you'd go to heaven if you died tonight? \_\_\_\_\_

Share below how you came to have a personal relationship with Christ. (Circumstance or events leading up to it.)

**HER** LAST Name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

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On a scale of 1 – 10 (1 not sure – 10 absolutely positive), how sure are you you'd go to heaven if you died tonight? \_\_\_\_\_

Share below how you came to have a personal relationship with Christ (Circumstance or events leading up to it.)

**Your Relationship:**

Are you currently living together? \_\_\_\_\_ How long have you lived together? \_\_\_\_\_ Months    Years

Are you sexually active? Yes    No

Are you willing to enter into a covenant pledging your sexual abstinence until your wedding? Yes \_\_\_\_\_ No \_\_\_\_\_

Proposed date of wedding \_\_\_\_/\_\_\_\_/\_\_\_\_ Proposed Wedding Location \_\_\_\_\_

Officiating Pastor \_\_\_\_\_ Their phone number \_\_\_\_\_

How has your faith impacted your relationship so far? **His Response**

How has your faith impacted your relationship so far? **Her Response**

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| ___ Communication                   | ___ Resolving Conflicts           |
| ___ Finances & Budgeting            | ___ Social Life                   |
| ___ Affection & Sexuality           | ___ Family Planning/Child Rearing |
| ___ Relationship w/Family & In-laws | ___ Religion/Spiritual Intimacy   |
| ___ Time Together/ Companionship    | ___ Leisure Time and Friends      |
| ___ Commitment to Marriage          | ___ Education and/or Career Plans |

All couples have areas of strength and areas in which they would like to grow. As you consider the topics below, identify 2-3 areas you consider to be strengths **(S)** in your relationship. Also identify 2-3 areas in which you would like to improve **(I)**.

Describe 2-3 strengths from the list above and why you see them as strengths.

Describe 2-3 growth areas and what you think will help you grow in these areas.

**Note: Unless you have the full version of Adobe Acrobat or similar PDF editor, you cannot save the filled in form. If you try, you lose all your work. Print 2 copies to your printer, then see if you have a PDF Printer option. If you do, please print to that option, then email the file to [JGraham@sbc.az.org](mailto:JGraham@sbc.az.org). Or send printed form to: Scottsdale Bible Church - Marriage Ministry - 7601 E Shea Blvd, Scottsdale, AZ 85260 The form must be completed and returned before the review is scheduled. For information call Joyce at 480 824 7334.**