



Scottsdale Bible Church

Marriage Preparation Class

Saturdays, Feb 4, Mar 3 - 8:00 am - 1 pm (E-105)
 Sundays: Feb 5, 12, 19, 26, Mar 4 - 11:00 am to 12:30 pm (E-214)
 Blending Family session - Mar 11

Date of application ____/____/20__

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 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: _____

PLEASE PRINT YOUR EMAIL ADDR CAREFULLY Primary e-mail: _____ @ _____ . _____
 Number of Previous Marriages _____ How long have you been currently divorced? _____
 If there are 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.)

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 above, 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 JHoekstra@sbcas.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 Jill at 480 824 7238.