



Preparing for Marriage Application

Scottsdale Bible Church

Date of Application: _____

Proposed wedding date: _____

HIS Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Best contact phone: _____ Date of Birth: ____ / ____ / ____

Occupation: _____

PLEASE PRINT YOUR EMAIL CLEARLY Primary e-mail: _____

Number of previous marriages: _____ If divorced, for how long? _____

If you are divorced, did you have biblical grounds for divorce? Please explain.

Have you sought reconciliation with your former spouse? _____

Children from a previous relationship? # Boys: _____ # Girls: _____ Do you have physical custody? _____

Ages of children: _____

If previously married, are you willing to discuss it? Yes _____ No _____

If yes, in the discussion, the following scriptures regarding marriage and divorce will be reviewed:

- I Corinthians 7:12-16
- Matthew 5:31-32
- Matthew 19:1-9
- Deuteronomy 24:1-4
- Mark 10:1-12
- Luke 16:18
- I Corinthians 7:39

Home Church: _____ How often do you attend? _____

On a scale of 1-10 (1 = not sure; 10 = absolutely positive), how sure are you you'd go to heaven if you died today? _____

Please share below how you came to have a personal relationship with Christ (circumstances or events leading up to it), including your understanding of Jesus Christ, faith and the Gospel; your biblical understanding of marriage and your reasons for wanting to get married.

HER Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Best contact phone: _____ Date of Birth: ____ / ____ / ____

Occupation: _____

PLEASE PRINT YOUR EMAIL CLEARLY Primary e-mail: _____

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Your Relationship

Are you currently living together? Yes ___ No ___ If yes, how long? ___ Years ___ Months

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: _____ Pastor's Email: _____

Has any pastor declined to perform your marriage ceremony? Yes ___ No ___

How has your faith impacted your relationship so far?

His Response:

Her Response:

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

- | | |
|--|-----------------------------------|
| ___ Communication | ___ Resolving conflicts |
| ___ Finances & budgeting | ___ Social life |
| ___ Affection & sexuality | ___ Family planning/child rearing |
| ___ Relationship with family & in-laws | ___ Religion/spiritual intimacy |
| ___ Time together/companionship | ___ Leisure time & friends |
| ___ Commitment to marriage | ___ Education and/or career plans |

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

Describe 2-3 growth areas from the list above and what you think will help you grow in these areas:

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