



## *Covenant of Purity*

We, \_\_\_\_\_ and \_\_\_\_\_,

as a couple, do enter into a covenant today with our Lord and Savior Jesus Christ, to remain sexually pure and to abstain from any sexual activities until our wedding night.

If we have already sinned sexually, we agree with God today that this is sin and do ask for forgiveness. In order to demonstrate fruits of repentance, we agree to not place ourselves in a position where we would likely fall again, and ask God to restore our Spiritual virginity.

We understand that if we fall into sexual sin while we are in counseling, that the counseling could be terminated, and the wedding ceremony canceled at the Pastor's discretion.

Groom's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bride's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONFIDENTIAL**



GROOM  
Premarital Questionnaire

### Premarital 1st Session Questionnaire

*Please complete the following questions as completely and specifically as you can. Feel free to us a separate sheet of paper if necessary. These questions are to be answered by each individual and discussed in confidence with the pastoral counselor.*

Groom's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ ext. \_\_\_\_\_

Bride's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ ext. \_\_\_\_\_

- 
1. Have you been married previously? Yes  | No  How many times? \_\_\_\_\_  
If Yes, are you: Widowed  | Divorced
  2. If divorced, is the divorce final? Yes  | No  When was it final? \_\_\_\_\_
  3. Do you have any children? Yes  | No  Ages: \_\_\_\_\_
  4. What is the custody and visitation arrangement? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  5. Why was the marriage terminated? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  6. How much time passed from the finalization of the divorce to the start of your current relationship? \_\_\_\_\_  
\_\_\_\_\_
  7. Do you have a personal relationship with Jesus Christ? Yes  | No
  8. Can you put into words what a "Born Again" Christian is? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  9. What are your views on the authority of the Bible and it's place in your life? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  10. If you have professed Christ as your Lord and Savior, how long have you been walking with the Lord? \_\_\_\_\_  
\_\_\_\_\_
  11. Do you regularly attend Cross Connection Escondido? Yes  | No

12. Do you have a specific scripture passage or other confirmation from God to marry this person? Yes  | No

If so, what is it? \_\_\_\_\_  
\_\_\_\_\_

13. Are you currently sexually involved with your fiancée? Yes  | No

14. Do you understand the need to stop, repent, and remain chaste until your wedding night? Yes  | No

15. Is the intended bride pregnant? Yes  | No

16. How do your parents and family view your upcoming marriage? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. What about your friends? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Is anyone opposed? Yes  | No  If so, why? \_\_\_\_\_

19. Are you willing to postpone the engagement if it is the right and/or best thing? Yes  | No

Explain: \_\_\_\_\_  
\_\_\_\_\_

20. Are you willing to postpone the wedding if the Lord makes it clear to wait? Yes  | No

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

**PASTORAL USE ONLY:**

Approved to begin premarital counseling: Yes  | No

Date counseling to begin: \_\_\_\_/\_\_\_\_/\_\_\_\_ Day of the week: \_\_\_\_\_ Time: \_\_\_\_\_

Date to give review and approval for setting the wedding date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pastor / elder who will be doing the premarital counseling: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONFIDENTIAL**



**BRIDE**  
Premarital Questionnaire

### Premarital 1st Session Questionnaire

*Please complete the following questions as completely and specifically as you can. Feel free to us a separate sheet of paper if necessary. These questions are to be answered by each individual and discussed in confidence with the pastoral counselor.*

Bride's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ ext. \_\_\_\_\_

Groom's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ ext. \_\_\_\_\_

**1.** Have you been married previously? Yes  | No  How many times? \_\_\_\_\_  
If Yes, are you: Widowed  | Divorced

**2.** If divorced, is the divorce final? Yes  | No  When was it final? \_\_\_\_\_

**3.** Do you have any children? Yes  | No  Ages: \_\_\_\_\_

**4.** What is the custody and visitation arrangement? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5.** Why was the marriage terminated? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6.** How much time passed from the finalization of the divorce to the start of your current relationship? \_\_\_\_\_  
\_\_\_\_\_

**7.** Do you have a personal relationship with Jesus Christ? Yes  | No

**8.** Can you put into words what a "Born Again" Christian is? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9.** What are your views on the authority of the Bible and it's place in your life? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10.** If you have professed Christ as your Lord and Savior, how long have you been walking with the Lord? \_\_\_\_\_  
\_\_\_\_\_

**11.** Do you regularly attend Cross Connection Escondido? Yes  | No

12. Do you have a specific scripture passage or other confirmation from God to marry this person? Yes  | No

If so, what is it? \_\_\_\_\_  
\_\_\_\_\_

13. Are you currently sexually involved with your fiancée? Yes  | No

14. Do you understand the need to stop, repent, and remain chaste until your wedding night? Yes  | No

15. Are you pregnant? Yes  | No

16. How do your parents and family view your upcoming marriage? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. What about your friends? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Is anyone opposed? Yes  | No  If so, why? \_\_\_\_\_

19. Are you willing to postpone the engagement if it is the right and/or best thing? Yes  | No

Explain: \_\_\_\_\_  
\_\_\_\_\_

20. Are you willing to postpone the wedding if the Lord makes it clear to wait? Yes  | No

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

**PASTORAL USE ONLY:**

Approved to begin premarital counseling: Yes  | No

Date counseling to begin: \_\_\_\_/\_\_\_\_/\_\_\_\_ Day of the week: \_\_\_\_\_ Time: \_\_\_\_\_

Date to give review and approval for setting the wedding date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pastor / elder who will be doing the premarital counseling: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FACILITY USE REQUEST

crossconnection escondido

WEDDING FACILITY REQUEST

Groom's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Bride's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Rehearsal Day and Date: \_\_\_\_\_

Event setup time: \_\_\_\_\_ Event start/end time: \_\_\_\_\_ to \_\_\_\_\_

Wedding Day and Date: \_\_\_\_\_

Event setup time: \_\_\_\_\_ Event start/end time: \_\_\_\_\_ to \_\_\_\_\_



Rooms requested: \_\_\_\_\_

Number of person's expected: \_\_\_\_\_ Number of chairs needed: \_\_\_\_\_

Center Aisle Requested? Yes  | No

Number of tables needed: \_\_\_\_\_ Round: \_\_\_\_\_ | Rectangle: \_\_\_\_\_

Setup Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Clean up Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Special instructions/comments: \_\_\_\_\_

Multiple horizontal lines for writing special instructions or comments.



## Required Fee Schedule

Cleaning Deposit .....	\$150.00*
Wedding Coordinator .....	\$200.00
Facility Person .....	\$100.00
Sound Person .....	\$150.00

*Deposit is due with this request to reserve the facility. The balance of fees are due two weeks prior to the wedding. If the fees are not paid the deposit will be returned and the reservation cancelled. The cleaning deposit will be refunded within 5 days after the event to the person and address specified below.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

### OFFICE USE ONLY

Assignments confirmed

Wedding Coordinator: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Facility Person: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Sound Technician: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Chairs & Tables Crew: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Date Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_ by: \_\_\_\_\_

**Deposit:** Paid  Cash  Check  # \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Balance of fees:** Paid  Cash  Check  # \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Entered onto master calendar by: \_\_\_\_\_ on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Confirmation print-out sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Facility Agreement Complete? Yes  No**

**Deposit Returned? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check # \_\_\_\_\_**

Additional notes/comments: \_\_\_\_\_

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