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 use 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 [ ]

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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 fiancee?    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 ❑
   Explain:   __________________________________________________________
   __________________________________________
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________

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:   __________________________________________________________________________________________
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________
   ______________________________________________________________________________________________
Premarital 1st Session Questionnaire

Please complete the following questions as completely and specifically as you can. Feel free to use 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: (_____) ______-_________ ext. ______
Groom’s Name: ___________________________________________ Age: ______________
Address: __________________________________________________________________________________________
Home Phone: (_____) ______-_________ Work 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 ❑

rev. 20121101
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 fiancee?  
   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: ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
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: ________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
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: ________________

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OFFICE USE ONLY

Assignments confirmed

Wedding Coordinator: ___________________________________      Phone #: (______)______-__________
Facility Person: _________________________________________      Phone #: (______)______-__________
Sound Technician: ______________________________________      Phone #: (______)______-__________
Chairs & Tables Crew: ____________________________________      Phone #: (______)______-__________

Date Approved: _____/_____/_________      by: _______________________________

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Deposit:      Paid ❑  Cash ❑  Check ❑ #_________      Date:   ______/______/__________
Balance of fees:      Paid ❑  Cash ❑  Check ❑ #_________      Date:   ______/______/__________

Confirmation print-out sent: _____/_____/__________

Facility Agreement Complete?      Yes ❑  No ❑

Deposit Returned?   Date: ______/______/__________      Check #______________

Additional notes/comments: ________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

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

*Cleaning Deposit is non-refundable.