

**GRACE COMMUNITY CHURCH
DISCIPLESHIP COUNSELING MINISTRY**

PREMARITAL QUESTIONNAIRE

(Please print or type your answers)

PERSONAL IDENTIFICATION

Name _____ Birth Date _____

Address _____ Zip _____

Age _____

Education (last year completed) _____

Home Phone _____ Business Phone _____

Employer _____ Position _____ Years _____

Email address _____

FAMILY INFORMATION

Parents' names and place of residence:

Describe your relationship with your parents:

Number of siblings _____

Do you currently live with anyone other than your parents? _____

HEALTH INFORMATION

Describe your health _____

Describe any chronic conditions _____

List any important illnesses or handicaps _____

Date of last medical exam _____ Report _____

Current Medications/Dosages _____

Do you drink alcoholic beverages? _____ How frequently and how much? _____

Do you smoke? _____ What? _____ Frequency _____

CHURCH INFORMATION

Church Attending _____ Phone _____

Church Attendance per month (circle) 0 1 2 3 4 5 6 7 8+

Have you been baptized as a believer? _____ Are you a member? _____

Involvements _____

Are you interested in membership at Grace Community Church? _____

How often do you read the Bible? Never Occasionally Often Daily

Explain any recent changes in your religious life _____

Who is Jesus? _____

How do you know God? _____

Is there any other information we should know that is not covered by this questionnaire?

MARRIAGE INFORMATION

Wedding date _____ Minister performing ceremony _____

Location of ceremony _____

Permanent address after wedding _____

Please sign and date:

Signature _____ Date _____

Please have your pastor or church leader sign if you are not a member or regular attendee of Grace Community Church:

Signature _____ Date _____

Phone number _____

Counselor's Signature (from GCC):

Signature _____ Date _____

GRACE COMMUNITY CHURCH
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If you have any questions, please contact Paul Lamey at the above number or at
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