

Marriage Preparation Questionnaire

YOUR PERSONAL HISTORY

NAME: _____ BIRTH DATE: _____ HOME TOWN: _____

ADDRESS: _____

PHONE NUMBER: _____ (H) _____ (W) EMAIL: _____

OCCUPATION: _____ YEARS AT THE JOB: _____

EDUCATION: _____ (Last year Completed) _____

SIBLINGS? (Gender and Age) _____

MARITAL STATUS: _ _____ NEVER BEEN MARRIED _____ WIDOWED _____ DIVORCED (Date: _____)

YOUR FAMILY HISTORY

FATHER

NAME: _____ LIVING (If not, date of death)? _____ AGE: _____

OCCUPATION: _____ EDUCATION: _____ (Last year Completed) _____

MARTIAL STATUS: _____ MARRIED (_____ Yrs) _____ WIDOWED (Date: _____)

DEVORCED (Date: _____)

CHRISTIAN: _____ CHURCH: _____

HEREDITARY HEALTH PROBLEMS: _____

MOTHER

NAME: _____ LIVING (If not, date of death)? _____ AGE: _____

OCCUPATION: _____ EDUCATION: _____ (Last year Completed) _____

MARTIAL STATUS: _____ MARRIED (_____ Yrs) _____ WIDOWED (Date: _____)

DEVORCED (Date: _____)

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