

CHURCH OF THE OPEN BIBLE SIPARIA

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PREMARITAL COUNSELLING REQUEST FORM

(To be completed by both parties)

MALE: _____
Name Phone Nos.

Address: _____

Email Address: _____

Age: _____ Occupation: _____ Employer: _____

Marital Status: Single Married Separated Divorced Common-Law

Children: Yes No If yes, how many? _____

Are you born again? Yes No Not sure If yes, how long? _____

Church Affiliation: _____ Member Non-member

Pastor: _____
Name Phone No.

Date: _____ **Signature:** _____

FEMALE: _____
Name Phone No.

Address: _____

Email Address: _____

Age: _____ Occupation: _____ Employer: _____

Marital Status: Single Married Separated Divorced Common-Law

Children: Yes No If yes, how many? _____

Are you born again? Yes No Not sure If yes, how long? _____

Church Affiliation: _____ Member Non-member

Pastor: _____
Name Phone No.

Date: _____ **Signature:** _____

Have you received premarital counselling? Yes No

If yes, by whom? _____