



ROYALHOUSE CHAPEL EUROPE

PREMARITAL COUNSELLING

FORM



ROYALHOUSE CHAPEL, EUROPE PREMARITAL COUNSELLING FORM

SECTION A

ABOUT YOURSELF :

Name: _____ Gender: M F

Date of Birth : _____ Age : _____

Age (As at September)

Place of Birth : _____ Hometown & Country : _____

Nationality : _____ Ethnicity : _____

CONTACT DETAILS :

Residential Address : _____

Post Code : _____

Email Address : _____ Home Phone No : _____

Cell Phone No : (1) _____ (2) _____

Occupation: _____ Profession : _____

Employer: _____ Location : _____

EDUCATION :

Highest Level of Education : _____

Last School Attended: _____

Year Completed: _____

Qualification (s) : _____

SECTION B

ABOUT YOUR PARTNER :

Name: _____ Gender : M F

Date of Birth: _____ Age : _____

Age (As at September)

Place of Birth : _____ Hometown & Country : _____

Nationality: _____ Ethnicity : _____



SECTION C

FAMILY BACKGROUND :

Father's Name: _____ Occupation : _____

Mother's Name: _____ Occupation : _____

Are Your Parents Together? Yes No

Divorced Separated Called Home (Mother) Called Home (Father)

Do You have any : Step Mother or Step Father

Do you have any Half Siblings or Step Siblings : Yes No

If Yes how many? _____

How Many direct Siblings Do you have? _____

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

If more than (6) please specify how many : _____

Have you been married before? Yes No If Yes,

For How Long : _____ From : _____ To: _____

Have you been in any other previous Relationship/Marriage ?

Yes NO If Yes,

How Many other previous Relationship (s) / Marriage (s) : _____

For How Long : _____ From : _____ To: _____

For How Long : _____ From : _____ To: _____

For How Long : _____ From : _____ To: _____

Are You divorced (obtained a decree absolute) or separated? Please Tick;

Divorced Separated

How Long : _____

Why was your previous marriage terminated?

Do you have children ? Yes No If Yes, please give names & ages

Name : _____ Age: _____ D.O.B : _____

Name : _____ Age: _____ D.O.B: _____

Name : _____ Age: _____ D.O.B: _____

SECTION D

YOUR FAITH :

Are you a Christian : Yes No

If No , what religion do you practice / follow : _____

If you are a Christian , are you a member of a Church : Yes No If Yes;

Name of Church : _____

Name of Assembly / Mission you worship: _____

Name of Assembly / Mission Pastor : _____

Are you Born Again?(accepted Jesus Christ as personal saviour?) Yes No

If Yes When? _____ Place ; _____

Have you been baptized by immersion ? Yes No If No why;

Do you speak in tongues? Yes No If No why

How Would You Describe Your Church Attendance?

I am A (n); Active Member Passive Member Occasional Member

A. What Role (s) do you play In Church: _____

Your Position in Your Assembly/Mission and or the Church : _____

Which Department Do you serve in your church? _____

Are you a Tithe Paying Member? Yes No

How Regular ? Weekly Bi-weekly Monthly Not Regular Other

Is your Pastor in support of this relationship? Yes No

May we contact your pastor for information and help If need be? Yes No

Pastor's Phone: _____ E mail: _____

SECTION E

YOUR RELATIONSHIP

Tick any of the following that best describes your partner;

- | | | | |
|---------------------------------------|---|---|--------------------------------------|
| <input type="checkbox"/> Active | <input type="checkbox"/> Ambitious | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Persistent |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Hardworking | <input type="checkbox"/> Impatient | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Moody | <input type="checkbox"/> Often-blue | <input type="checkbox"/> Excitable | <input type="checkbox"/> Imaginative |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Serious | <input type="checkbox"/> Easy-going | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Good-natured | <input type="checkbox"/> Introvert | <input type="checkbox"/> Extrovert | <input type="checkbox"/> Likable |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Leader | <input type="checkbox"/> Thick-skinned | <input type="checkbox"/> Submissive |
| <input type="checkbox"/> Sensitive | <input type="checkbox"/> Self-conscious | <input type="checkbox"/> Lonely | <input type="checkbox"/> Other |

How long have you known each other? _____

Have You Proposed/Accepted his/her Proposal? _____

How long have you been seriously dating ? _____ Since :(date) _____

Have you ever broken off your relationship? Yes No If Yes Why;

Do your parents approve of your relationship? Yes No If No explain;

Have you performed any Marriage Rites? Yes No if Yes please indicate

Introduction Knocking: Engagement: Registry

Do you currently live with your partner named on this form? Yes No

Where do you intend living when you get married (accommodation - wise) : _____

Have you ever been sexually active before? Yes No
Have you ever had sex with your partner before? Yes No

Do you feel that it is appropriate to have sex while waiting to bless your marriage?(Before and after engagement)

Yes No

What pastime, interests/ recreational activities do you engage in with your partner?

SECTION F

YOUR FINANCES

Do you have any major debts? Yes No

Please state below how much you owe and to whom? (£, \$, EURO, Other: state Currency

What is your current credit score?

Do you have joint accounts with anyone? Yes No

If yes what is the nature of your relationship with this person?

Do you know what their credit rating is? If Yes state what it is.

SECTION G

DBS CHECK /OTHERS

Do you/Have you had any convictions at all including driving? Yes No

Do you have a criminal record? Yes No

When was this recorded against you?

(dd/mm/yyyy) _____

If yes, please state below what the charge was based on.

SECTION H
HEALTH INFORMATION

Are you a sickle cell anemia patient? Yes No

Are you a sickle cell anemia carrier? Yes No

Do you carry any STDs? Yes No

Have you tested for HIV/AIDS before? Yes No

What was the result: _____

Test Date: _____

Do you have any chronic disease? Yes No

If Yes, what is the name of the disease or sickness : _____

Do you have any genetic disease/sickness? Yes No

If Yes, what is the name of the disease or sickness : _____

Is there any known genetic disease in your family ? Yes No If Yes state

What is your blood group?

SECTION I

MARRIAGE:

Do you intend on living together after marriage?

Yes No

What is the proposed date of your Engagement
(dd/mm/yyyy): _____

What is the proposed date of your Wedding / Blessing
(dd/mm/yyyy): _____

CONSENT TO COUNSELING

Our Goal – Our goal in providing a Christian biblically based counseling is to help you meet the challenges of married life in a way that will please and honor the Lord Jesus Christ and allow you to fully enjoy His love and plans for your life and your marriage life in particular.

Biblical Basis – We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore, our counseling is based on scriptural principles rather than those of typical secular psychology. Neither the pastoral nor the lay counselors of this church are trained or licensed as psychotherapists or mental health professionals. We seek to ‘make disciples’ as Jesus Christ commanded, and thus seek to help you in developing your relationship with Him.

Confidentiality – Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. This completed form and any pertinent information will be filed with Royalhouse Chapel International for documentation/reference purposes only.

There are five situations when it may be necessary for us to share certain information with others:

- (1) when a counselor is uncertain of how to address a particular problem and needs to seek advice from another pastor or an officer of this church;
- (2) when a counselee attends another church and it is necessary to talk with his or her pastor or elders
- (3) when there is a clear indication that someone may be harmed unless others intervene;
- (4) when a person persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation;
- (5) when a crime has been committed. (see Proverbs 15:22; Proverbs 24:11; Matthew 18:15-20; Deut. 13:6-8).

Please be assured that our counselors strongly prefer not to disclose personal information to others, and they will make every effort to help you find ways to resolve a problem as privately as possible.

Resolution of Conflicts – On rare occasions a conflict may develop between a counselor and a counselee. In order to make sure that any such conflicts will be resolved in a biblical and faithful manner, we require all of our counselees to agree that any dispute that arises with a counselor or with this church as a result of counseling will be settled by mediation and, if at all necessary by the Royalhouse Apostolic Council. Having clarified the principles and policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you to grow in spiritual maturity and prepares you to enjoy marriage as designed by God, and be a blessing to your family, the Church and Humanly.

Counselee :

(Male)

Date :

Signature :

Counselee :

(Female)

Date :

Signature :

FOR OFFICIAL USE :

Comments : _____

Counselor Name : _____

Signature : _____

Date : _____

Senior Pastor / Head of Marriage Counseling :

Comments : _____

Name : _____

Signature : _____

Date : _____