

# GREENFORD CHRISTIAN CHURCH WEDDING QUESTIONNAIRE

## A. Bride:

1. Full Legal Name:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

2. Current Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Cell Phone \_\_\_\_\_

4. Church Affiliation: \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, where? \_\_\_\_\_

\_\_\_\_\_ Member \_\_\_\_\_ Non-Member

5. Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Previously Married? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many times? \_\_\_\_\_

If the previous marriage(s) ended in divorce, please answer the following:

Give reason for divorce(s) \_\_\_\_\_

\_\_\_\_\_

What reconciliation efforts were made? \_\_\_\_\_

\_\_\_\_\_

What is the date the divorce was finalized? \_\_\_\_\_

Any children? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Describe your relationship with Christ at this point in your life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. Groom:**

1. Full Legal Name:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

2. Current Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Cell Phone \_\_\_\_\_

4. Church Affiliation: \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, where? \_\_\_\_\_

\_\_\_\_\_ Member \_\_\_\_\_ Non-Member

5. Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Previously Married? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many times? \_\_\_\_\_

If the previous marriage(s) ended in divorce, please answer the following:

Give reason for divorce(s) \_\_\_\_\_

\_\_\_\_\_

What reconciliation efforts were made? \_\_\_\_\_

\_\_\_\_\_

What is the date the divorce was finalized? \_\_\_\_\_

Any children? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Describe your relationship with Christ at this point in your life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### C. The Wedding Ceremony:

Where will the ceremony be held? \_\_\_\_\_

Who do you wish to officiate your wedding? \_\_\_\_\_

Date of Wedding: \_\_\_/\_\_\_/\_\_\_

Time: \_\_\_\_\_

Rehearsal Date: \_\_\_/\_\_\_/\_\_\_

Time: \_\_\_\_\_

Will there be a reception? \_\_\_Yes \_\_\_No

Reception Location: \_\_\_\_\_

Number of guests anticipated at the wedding: \_\_\_\_\_

### D. Relationships:

1. How long have you known each other? \_\_\_\_\_

2. How long have you dated? \_\_\_\_\_

3. How long have you been engaged? \_\_\_\_\_

4. Are you currently living together? \_\_\_Yes \_\_\_No

5. Are you planning on living together prior to the wedding ceremony?  
\_\_\_Yes \_\_\_No

6. Are you currently sexually active? \_\_\_Yes \_\_\_No

7. What are your biggest fears, questions, uncertainties?

\_\_\_\_\_  
\_\_\_\_\_

8. What hopes, expectations, needs, etc., do you have regarding the marriage counseling sessions? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Address after wedding:

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_