Cross Connections Premarital Phone Assessment

Date _____ Person completing form _____

Person calling _____ Relationship to couple _____

Wedding date _____ Place _____

Names of couple:

Male_____ Age_____ Phone _____ H/C/W

Address_____

Female _____ Age_____ Phone _____ H/C/W

Address _____

Church: Male _____ Female _____

Name of pastor who made the referral _____

Met or talked with pastor? ____ Has assessment request been completed? _____

Has partnership agreement been completed? _____ Who will pay for the counseling? _____

First marriage for male? _____ First marriage for female? _____

Does the couple have children? _____ Is the female pregnant? _____

Are there children from previous relationships? _____ With whom do the children reside? _____

_____ What are their ages? _____

Are the children in favor of the marriage? _____Are there current custody issues? _____

Other issues that could rule out a Covenant Partner:

____ Less than 6 months until wedding day

____ Failed engagements, when? _____

____ Recent divorce, when? _____

____ Non-christian, who ? _____

____ Parents against marriage, why? _____

____ Recently widowed, when? _____

____ Addiction in one or both partners

____No source of income after marriage

____Chemical dependency

____Mental Illness in one or both partners

____ Other, explain _____

Couple referred to _____ (Counselor) or _____ (CP)

_____ Couple advised to give 24 hr. notice of cancellation

_____ Couple advised to bring pink or gold referral form, and blue form if needed.

Pink: Traditional

Gold: Non-traditional

Blue: Financial Agreement