

PREMARITAL INFORMATION FORM

Wedding Date: _____ at _____
location

Who will perform the wedding: _____

Bride / Wife

Name: _____ Age _____

Address: _____

City/State/Zip: _____

Phone #s: Home _____

Work _____

Cell _____ Email _____

Church Home & address: _____

Groom / Husband

Name: _____ Age _____

Address: _____

City/State/Zip: _____

Phone #s: Home _____

Work _____

Cell _____ Email _____

Church Home & address: _____

We must have email addresses in order to send your usernames and passwords for the online inventories. In order to determine which inventories are appropriate for you we need to know if there are any children from previous relationships. ___ Yes ___ No

If yes, please list names, ages and gender of each child below.

1. _____ NAME	_____ AGE	_____ M/F	4. _____ NAME	_____ AGE	_____ M/F
2. _____ NAME	_____ AGE	_____ M/F	5. _____ NAME	_____ AGE	_____ M/F
3. _____ NAME	_____ AGE	_____ M/F	6. _____ NAME	_____ AGE	_____ M/F

Release of Information We hereby authorize the instructor(s) / counselor(s) of the Engagement Seminar to release and/or exchange information to my Priest/Clergy, _____ concerning any results of the PREPARE inventories, and any pertinent observations and recommendations.

Date

Signature of Bride

Date

Signature of Groom