



Preparing for Marriage Application

Scottsdale Bible Church

Date of Application: _____

Proposed wedding date: _____

HIS Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Best contact phone: _____ Date of Birth: ____ / ____ / ____

Occupation: _____

PLEASE PRINT YOUR EMAIL CLEARLY Primary e-mail: _____

Number of previous marriages: _____ If divorced, for how long? _____

If you are divorced, did you have biblical grounds for divorce? Please explain.

Have you sought reconciliation with your former spouse? _____

Children from a previous relationship? # Boys: ____ # Girls: ____ Do you have physical custody? _____

Ages of children: _____

If previously married, are you willing to discuss it? Yes No

If yes, in the discussion, the following scriptures regarding marriage and divorce will be reviewed:

I Corinthians 7:12-16

Matthew 5:31-32

Matthew 19:1-9

Deuteronomy 24:1-4

Mark 10:1-12

Luke 16:18

I Corinthians 7:39

Home Church: _____ How often do you attend? _____

On a scale of 1-10 (1 = not sure; 10 = absolutely positive), how sure are you you'd go to heaven if you died today? _____

Please share below how you came to have a personal relationship with Christ (circumstances or events leading up to it), including your understanding of Jesus Christ, faith and the Gospel; your biblical understanding of marriage and your reasons for wanting to get married.

HER Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Best contact phone: _____ Date of Birth: ____ / ____ / ____

Occupation: _____

PLEASE PRINT YOUR EMAIL CLEARLY Primary e-mail: _____

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Home Church: _____ How often do you attend? _____

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Please share below how you came to have a personal relationship with Christ (circumstances or events leading up to it), including your understanding of Jesus Christ, faith and the Gospel; your biblical understanding of marriage and your reasons for wanting to get married.

Your Relationship

Are you currently living together? Yes No If yes, how long? _____ Years _____ Months

Are you sexually active? Yes No

Are you willing to enter into a covenant pledging your sexual abstinence until your wedding? Yes No

Proposed Date of Wedding: ____ / ____ / _____ Proposed Wedding Location: _____

Officiating Pastor: _____ Pastor's Email: _____

Has any pastor declined to perform your marriage ceremony? Yes No

How has your faith impacted your relationship so far?

His Response:

Her Response:

All couples have areas of strength, and areas in which they would like to grow. As you consider the topics below, please identify 2-3 areas you consider strengths **(S)** in your relationship, and 2-3 areas in which you would like to improve **(I)**.

- | | |
|--|-------------------------------------|
| _____ Communication | _____ Resolving conflicts |
| _____ Finances & budgeting | _____ Social life |
| _____ Affection & sexuality | _____ Family planning/child rearing |
| _____ Relationship with family & in-laws | _____ Religion/spiritual intimacy |
| _____ Time together/companionship | _____ Leisure time & friends |
| _____ Commitment to marriage | _____ Education and/or career plans |

Describe 2-3 strengths from the list above and why you see them as strengths:

Describe 2-3 growth areas from the list above and what you think will help you grow in these areas:

To fill out this form and send it electronically, Adobe Acrobat is required. If using Acrobat, fill out the form, save, and email to marriage@scottsdalebible.com. If filling out without Adobe Acrobat, your information will not be saved. Please print out and scan before emailing. You may also fill it out by hand and turn in to the Administrative Office. For any questions, contact the Wedding Senior Coordinator at marriage@scottsdalebible.com or 480.824.7277.