



Grace Biblical Counseling

A ministry of Morrison Heights

Personal Data Inventory

Marriage and Family Information

Name of Spouse (if married) _____

Address _____

City _____ State _____ Zip _____ Telephone _____

Their Occupation _____ Business Telephone _____

Your Spouse's age _____ Education (in years) _____ Their religion _____

Is your spouse willing to come to counseling? Yes No Don't know, maybe

Have you ever been separated? No Yes When (years) From _____ To _____

Has either of you ever filed for divorce? No Yes When? _____

Date of marriage? _____ Your ages when married? His _____ Hers _____

How long did you know your spouse before marriage? _____

Length of steady dating before marriage? _____ Length of engagement? _____

Give brief information about any previous marriages: _____

If you were reared by anyone other than your birth-parents, briefly explain: _____

How many older siblings do you have? Brothers ____ Sisters ____

How many younger siblings do you have? Brothers ____ Sisters ____

Are your parents/custodians still alive? _____ Where do they live? _____

What is your relationship to them? (briefly explain) _____
