



Hope Restoration Ministries

HIM

General Information

Names: _____ Surname _____

Physical Address: _____

Code _____

ID _____ Age _____

Nationality: _____

Cellphone _____

Email _____

Highest Education obtained _____

Occupation _____

Are you born again? _____ if yes, when _____

Which church do you come from?

HRM MEMBER	HRM VISITOR (if you have not yet taken membership)	OTHER (Please state church name below)
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Relational Information

Parent/Elder Name _____

Parent/Elder Cell _____

How far are you with Lobola negotiations?

Haven't started	Started	Done
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Have you been married before? YES NO

If yes, state divorce decree/ death certificate No. _____

Do you have children **OUTSIDE** this relationship? YES NO

If yes, state their GENDER and AGE: _____

Wedding/Marriage Information

What is your proposed date of marriage? _____

Where is the ceremony taking place? _____

Who is the Officiating Pastor or Church? _____

Signed _____ Date _____

PRE-MARITAL COUNSELLING INTAKE FORM



Hope Restoration Ministries

HER

General Information

Names: _____ Surname _____

Physical Address: _____

Code _____

ID _____ Age _____

Nationality: _____

Cellphone _____

Email _____

Highest Education obtained _____

Occupation _____

Are you born again? _____ if yes, when _____

Which church do you come from?

HRM MEMBER	HRM VISITOR (if you have not yet taken membership)	OTHER (Please state church name below)
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Relational Information

Parent/Elder Name _____

Parent/Elder Cell _____

Have you been married before? YES NO

If yes, state divorce decree /death certificate No. _____

Do you have children **OUTSIDE** this relationship?

If yes, state their GENDER and AGE: _____

Do you have children from **THIS Relationship**? YES NO

If yes, state their GENDER and AGE: _____

Signed _____ Date _____

Personal Requests

Are there any questions that both of you would like to see covered in your counselling programme?