



**WARRIOR WIVES PRAYER MINISTRY
POST – MARITAL COUNSELLING FORM
PERSONAL AND FAMILY QUESTIONNAIRE**

1. Name _____
2. Date of birth _____
3. Date of marriage _____
4. Nationality _____
5. Tribe _____
6. Home Town _____
7. Religion
Christianity ____ Islam ____ Traditional ____ Paganism ____
8. Denomination _____
9. Highest level of education
'O'Level/ 'A' Level/ SSCE/WASSEC ____ DIPLOMA ____ HND ____ 1st Degree ____ 2nd
Degree/Masters ____ PHD ____ Professor ____
10. Present job/vocation _____ Employer _____
11. Present place of residence _____
12. Postal Address _____
13. Phone No./s _____ Email _____
Face book _____ Skype _____
14. Family
 - a. Father
 - i. Living ____ Deceased ____ (year ____)
 - ii. Age ____ (Age of death ____)
 - iii. Profession/trade _____
 - iv. Level of education _____
 - v. Religion _____
 - vi. Number of wives _____
 - vii. Number of children _____
 - b. Mother
 - viii. Living ____ Deceased ____ (year ____)
 - ix. Age ____ (Age of death ____)
 - x. Profession/trade _____
 - xi. Level of education _____
 - xii. Religion _____
 - xiii. Only wife? _____ Position _____
 - xiv. Number of children _____
 - c. Children born to your father and mother in age order (include yourself)

Name	Age	Marital Status	Children
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. Number of Children (Indicate step children)

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

16. Household (others living with you)

Name	Age	Relation to you
_____	_____	_____
_____	_____	_____
_____	_____	_____

My Marriage Preparation Commitment

“I, _____, commit myself to actively participate in and to complete this series of counseling sessions and to carefully work through assignments. I consider this post-marital counseling series to be top priority in my life. I also commit myself to honour God, my partner and our relationship by abiding by the lessons in this series”

(Signature)