

## WARRIOR WIVES PRAYER MINISTRY PRE – MARITAL COUNSELLING FORM PERSONAL AND FAMILY QUESTIONNAIRE

1. Name	
2. Date of birth	
3. Nationality	
4. Tribe	
5. Home Town	
6. Religion	
Christianity Islam Traditional	Paganism
7. Denomination	
8. Highest level of education	
'O'Level/ 'A' Level/ SSCE/WASSECDIPI	LOMA HND1 <sup>st</sup> Degree 2 <sup>nd</sup>
Degree/Masters PHD Professor	
Present job/vocation	
10. Present place of residence	
11. Postal Address	
12. Phone No./s	Email
Face book	
13. 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	e order (include vourself)
	tal Status Children
Tigo Man	an Status Chiraren
<del></del>	<del></del>
	<del></del>
	<del></del>

14. Household (others living with	you)		
Name	Age	Relation to you	_
15. How does your family see thi a. Do you have your parents		•	- - ans?
Yes No Not b. Has your family discussed Yes No	sure _		
marriage? Yes No	nary n? Yes e Chur t boun If you	narriage/traditional cerem No rch wedding? Yes daries as to how far you a have, do you feel comfo	
If you have not set boundaries	s, do y	ou feel you should? Yes	No
I	Му Ма	arriage Preparation Com	mitment
	g session the wo	ons and to carefully work edding, to be top priority	rself to actively participate in and to a through assignments. I consider in my life. I also commit myself to al intercourse from now until we are
(Signature)	_		