



the well.community church

## MARRIAGE MENTORING REGISTRATION

### CONTACT INFORMATION:

Wife's Name:	Date Of Birth:	
Husband's Name:	Date Of Birth:	
Mailing Address:		
City:	State:	Zip:
Telephone (HM): ( ) -	(WCell): ( ) -	(HCell): ( ) -
Email:	Email:	

### BACKGROUND INFORMATION:

Wedding Date:	Marrying Pastor:	
Length Of Marriage:	Length Of Engagement:	Length of Relationship:
Children: Yes No	Names & Ages:	
Has Wife Been Married Previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	Children:	
Has Husband Been Married Previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	Children:	

### WIFE'S BACKGROUND INFORMATION:

Occupation:	Employer:	
Race / Ethnicity:	Level of Education:	
What age did you become a Christian?	How long have you attended The Well?	
I attend church: <input type="checkbox"/> Every week <input type="checkbox"/> Once or twice a month <input type="checkbox"/> A few times a year		
What were the results of Your Unique Design Survey? (Please include your top 3 and the percentages)		
1.	2.	3.
Are your parents still married to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, when did they divorce?	
What do you do for fun?		

## Husband's Background INFORMATION:

Occupation:

Employer:

Race / Ethnicity:

Level of Education:

What age did you become a Christian?

How long have you attended The Well?

I attend church:  Every week  Once or twice a month  A few times a year

What were the results of Your Unique Design Survey? (Please include your top 3 and the percentages)

1.

2.

3.

Are your parents still married to each other?  Yes  No If not, when did they divorce?

What do you do for fun?

## ADDITIONAL INFORMATION:

What are your marriage's strengths?

How would you like to see your marriage improved?

What do you hope to gain from marriage mentoring?

## FOR THE MARRYING PASTOR:

Do you have additional information to share about this couple?

Do you have any requests for the mentor couple?