



## RELATIONSHIP INVENTORY

Date of application \_\_\_\_/\_\_\_\_/201\_\_\_\_

**HIS** LAST Name: \_\_\_\_\_ First name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Home  
Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ / Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

**PLEASE PRINT YOUR EMAIL ADDR CAREFULLY** Primary e-mail: \_\_\_\_\_ @ \_\_\_\_\_ .

Number of Previous Marriages \_\_\_\_\_ How long have you been currently divorced? \_\_\_\_\_

If there are children from your previous relationships: \_\_\_\_ # Boys \_\_\_\_ # Girls Do you have physical custody? \_\_\_\_\_

DOB Eldest \_\_\_\_/\_\_\_\_/\_\_\_\_ DOB Middle \_\_\_\_/\_\_\_\_/\_\_\_\_ DOB Youngest \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you willing to discuss your previous marriage ? Yes \_\_\_\_ No \_\_\_\_

Your home Church: \_\_\_\_\_ How often do you attend church services? \_\_\_\_\_

On a scale of 1 – 10 (1 not sure – 10 absolutely positive), how sure are you you'd go to heaven if you died tonight? \_\_\_\_\_

Share below how you came to have a personal relationship with Christ. (Circumstance or events leading up to it.)

**HER** LAST Name: \_\_\_\_\_ First name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ / Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

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Are you willing to discuss your previous marriage ? Yes \_\_\_\_ No \_\_\_\_

Your home Church: \_\_\_\_\_ How often do you attend church services? \_\_\_\_\_

On a scale of 1 – 10 (1 not sure – 10 absolutely positive), how sure are you you'd go to heaven if you died tonight? \_\_\_\_\_

Share below how you came to have a personal relationship with Christ (Circumstance or events leading up to it.)

Please complete both sides

**Your Relationship:**

Are you currently living together? \_\_\_\_\_ How long have you lived together? \_\_\_\_\_ Months \_\_\_ Years \_\_\_

Are you sexually active? Yes \_\_\_ No \_\_\_

Are you willing to enter into a covenant pledging your sexual abstinence until your wedding? Yes \_\_\_ No \_\_\_

Proposed date of wedding \_\_\_/\_\_\_/\_\_\_/\_\_\_ Proposed Wedding Location \_\_\_\_\_

Officiating Pastor \_\_\_\_\_ Their phone number \_\_\_\_\_

How has your faith impacted your relationship so far? **His Response**

How has your faith impacted your relationship so far? **Her Response**

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| ___ Communication                   | ___ Resolving Conflicts           |
| ___ Finances & Budgeting            | ___ Social Life                   |
| ___ Affection & Sexuality           | ___ Family Planning/Child Rearing |
| ___ Relationship w/Family & In-laws | ___ Religion/Spiritual Intimacy   |
| ___ Time Together/ Companionship    | ___ Leisure Time and Friends      |
| ___ Commitment to Marriage          | ___ Education and/or Career Plans |

All couples have areas of strength and areas in which they would like to grow. As you consider the topics below, identify 2-3 areas you consider to be strengths **(S)** in your relationship. Also identify 2-3 areas in which you would like to improve **(I)**.

Describe 2-3 strengths from the list above and why you see them as strengths.

Describe 2-3 growth areas and what you think will help you grow in these areas.

**This filled out form cannot be saved conventionally unless you have Acrobat reader version XI. If you have that, save and email the form to [dfarr@ncs-az.net](mailto:dfarr@ncs-az.net). If not print the filled in form before trying to save it, as your input will be lost. Bring the printed copy with you. If you cannot fill it out together, you may also choose to print a copy for them to fill out, as we need the input of both of you.**