

**BRIDE'S PREMARITAL INVENTORY**

Name \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_\_\_ Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Baptized: Yes \_\_\_\_\_ No \_\_\_\_\_ Confirmed: Yes \_\_\_\_\_ No \_\_\_\_\_

Church Attendance: Frequently \_\_\_\_\_ Occasionally \_\_\_\_\_ Seldom \_\_\_\_\_ Never \_\_\_\_\_

Address: \_\_\_\_\_ Family Home Address: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Children: \_\_\_\_\_  
Names and Ages

Children Baptized \_\_\_\_\_ Children Confirmed \_\_\_\_\_  
Names Names

Bride's Occupation: \_\_\_\_\_ Annual Net Income: \_\_\_\_\_

Employment History (last 3 years):

Job	Duties	Date Began	Date Ended	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Education: Grade Completed: \_\_\_\_\_

Special Training or Course Work or Degree	School	Date
_____	_____	_____
_____	_____	_____

Health History: List health problems such as serious physical illness, retardation, mental illness, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY**

Mother's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Maiden \_\_\_\_\_

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Nationality: \_\_\_\_\_ Race: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Occupation: \_\_\_\_\_

Education: \_\_\_\_\_ Health History: \_\_\_\_\_

Father's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Maiden \_\_\_\_\_

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Nationality: \_\_\_\_\_ Race: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Occupation: \_\_\_\_\_

Education: \_\_\_\_\_ Health History: \_\_\_\_\_

Brothers and Sisters:	Name	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**GROOM'S PREMARITAL INVENTORY**

Name \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_\_\_ Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Baptized: Yes \_\_\_\_\_ No \_\_\_\_\_ Confirmed: Yes \_\_\_\_\_ No \_\_\_\_\_

Church Attendance: Frequently \_\_\_\_\_ Occasionally \_\_\_\_\_ Seldom \_\_\_\_\_ Never \_\_\_\_\_

Address: \_\_\_\_\_ Family Home Address: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Children: \_\_\_\_\_  
Names and Ages

Children Baptized \_\_\_\_\_ Children Confirmed \_\_\_\_\_  
Names Names

Groom's Occupation: \_\_\_\_\_ Annual Net Income: \_\_\_\_\_

Employment History (last 3 years):

Job	Duties	Date Began	Date Ended	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Education: Grade Completed: \_\_\_\_\_

Special Training or Course Work or Degree	School	Date
_____	_____	_____
_____	_____	_____

Health History: List health problems such as serious physical illness, retardation, mental illness, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY**

Mother's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Maiden \_\_\_\_\_

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Nationality: \_\_\_\_\_ Race: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Occupation: \_\_\_\_\_

Education: \_\_\_\_\_ Health History: \_\_\_\_\_

Father's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Maiden \_\_\_\_\_

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Nationality: \_\_\_\_\_ Race: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Occupation: \_\_\_\_\_

Education: \_\_\_\_\_ Health History: \_\_\_\_\_

Brothers and Sisters:	Name	Age