

#### The Metropolitan Community Church of San José

P.O. Box 388 · San José, CA 95103 · (408) 279-2711 · www.mccsj.org

### **Pre-Marital Questionnaire**

Instructions: Each partner should complete his or her own copy of this questionnaire. Please complete the questions as fully as possible. Be prepared to review and discuss your responses at your pre-marital counseling session. You can work on this questionnaire with your partner, or you can each work independently.

Unless otherwise arranged, pre-marital counseling sessions and wedding planning meetings will be held at our church offices at 65 South 7th Street in downtown San José.

Your Information			
Name:		Age:	
Address:			
City/State:		ZIP:	
Home Phone:	Work Phone:		
E-mail:			
Your Partner's Information			
Name:		Age:	
Address:			
City/State:		ZIP:	
Home Phone:	Work Phone:		
E-mail:			

#### **Spiritual Inventory**

1. Briefly describe your current religious and spiritual beliefs and practices. Include any significant events that have influenced your current beliefs and practices.		
2. How do your religious and spiritual beliefs partner?	and practices affect your relationship with your	
3. Are you a "born again" Christian?	If yes, for how long?	
4. Do you attend MCC San José?	If yes, for how long?	
5. If you do not attend MCC San José, do you	attend another church?	
If yes, where?		

Kelationship History					
1. How long have you known your partner?  2. How long have you been dating each other?					
					3. How did you first mee
4. Have you and your par	tner ever lived together? If so, for how long?				
	5. Have you and your partner made other commitments to each other, such as a holy union, marriage, or domestic partnership?				
6. Have you ever been in	terviewed for marriage or a holy union prior to this time?				
If yes, when?	By whom?				
7. Are there any difficultiplease describe.	es in your relationship that make you reluctant to get married? If yes,				
8. Has your relationship t describe.	been under any unusual stress during the last year? If yes, please				

#### **Previous Relationship History**

Have you previously had a marriage, domestic partnership, or holy union with someone other than your current partner?		
If so, please briefly describe your previous committed relationship or relationships.		
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# **Your Understanding of Marriage** 1. Why do you want to get married? 2. What do you expect your relationship to be like after your wedding? Please complete the following statements. "I expect to get... (a) \_\_\_\_\_ "I expect to give... 3. What do you believe your role in this relationship will be?

4. What do you believe your partner's role in this relationship will be?

Family		
Please briefly describe your relationship with your parents:		
Do your parents know of your plans? Do they approve?		
Do you have any children? If yes, please list their names and ages:		
Please describe any custody and visiting arrangements that affect your relationship with your children.		
Do you plan to have [more] children in the future? If so, please describe your plans.		

#### Communication

1. What subjects have you and partner discussed? (Please check all that apply)	
Communication	
Expectations	
Goals for Self	
Roles / Responsibilities	
Finances	
Family	
Mutual Goals	
Sex	
Goals	
Needs	
Other	
2. Which of these topics have produced the most stress / tension in your relationship?	
3. Who does the majority of the talking when you are alone together?	
4. How do you communicate to your partner that you are angry?	
The way you communicate to your parales that you are angry?	
5. Describe your behavior / action / attitude when you are angry or upset	

6. How does your partner communicate to you those areas that bother him/her about your behavior or lifestyle?
7. What is the primary way your partner expresses his or her love or affection to you?
8. How do you express your love or affection to your partner?
9. If at some point in the future your partner asked you to go to couples counseling with him her, would you go?
moi, would you go:

Sex		
1.	Do you know of any reason why you are unable to have a healthy sex life?	
2.	If you wish to, are there any barriers to your having children?	
3.	Please state any fears you have concerning sexual intimacy:	
	Is there any event from your past that might hinder your sexual relationship with your tner?	
5.	Have you discussed sex with your partner?	
6.	In what areas do you have questions concerning sex?	
7.	What are your views on pre-marital sexual relations?	

8. Have you been or are you now sexually active in this present relationship?		
9. What are your views on monogamy and open relationships?		
10. Have you been tested for HIV or other sexually transmitted diseases?		
Do you think you should be?		
Have you discussed this topic with your partner?		

## **Other Information** 1. Have you set a tentative date for your wedding? \_\_\_\_\_ If yes, when (date and time?) 2. How many people are you expecting will attend? 3. Do you plan on having the ceremony at MCC San José? If not, where? 4. May we show other couples the wedding programs and service plan that we create for your wedding to help them plan their ceremonies? Are there any questions or concerns you have regarding the issues covered in this questionnaire, marriage or holy unions in general? Please note: It is understood that entering into pre-marital counseling sessions is **not** an

Please note: It is understood that entering into pre-marital counseling sessions is **not** an agreement or approval to have a wedding at this church or a wedding performed by a minister from this church. After completion of pre-marital counseling, and only after, will permission be given by a pastor to have a wedding performed. MCC San José is **not** obligated to meet any wedding date set prior to counseling. All dates are tentative.

If you have read the above note and thoroughly understand MCC San José's position concerning the wedding ceremony, please sign and date below.

Date:	Signature:	
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