



**HEAVENLY GATE MINISTRIES
PRE MARRIAGE INTERVIEW QUESTIONNAIRE**

Before you begin, do you believe that marriage is between a man and a woman?

Yes No

If no, please consult the head pastor before proceeding with the remainder of the form

PERSONAL INFORMATION

Name Date of Birth
.....

Phone Number: Cell (.....) Home (.....)

Previous name(s) if applicable

Nationality.....

Home town/place of birth

Denomination Place of worship/assembly
.....

Year Converted Year Baptized

Status/position in the Church

Highest level of education attained

Occupation/Employment

Have you been married before? Yes No

a) If yes, where is your former spouse?

b) What caused the marriage to break down?
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Do you have any children? Yes No If yes, how many?

a) Has your would-be spouse agreed to care for them?

Number of children you propose to have

Have you been in a relationship with someone before?

a) What was the nature of the relationship and for how long?

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.....

Any previous or current proposal to anyone?

How long have you known him/her?

Why do you want to get married?

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.....

What is the name of your proposed husband/wife?

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How did you meet him/her?

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What do you see about him/her that convinces you that he/she is the right person to marry?

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How many times have you interacted with him/her?
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How long have you prayed over your decision?
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What confirmation did you receive in your prayers regarding your decision?
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.....

Are you committed to your decision to get married to the person?
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Have you been sexually active before?

Have you had sex with your would-be spouse before?

Have you disclosed your financial status (including all outstanding debts) to your would-be spouse?
Yes No

What is your temperament? Extrovert or Introvert?
.....

MEDICAL HISTORY

Any regular illness that troubles you?
.....
.....
.....

Do you have a record of any of the following disease in your family? TB, leprosy, epilepsy, mental illness, sickle cell? Circle where applicable

Are you potent? If yes, how do you know?
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Have you had an abortion before? Yes or No? If yes, how many?

Why?
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Have you had a miscarriage before? Yes or No? If yes, how many?

.....

Do you have a history of a sexually transmitted disease before? Yes or No

If yes, have you received the appropriate treatment? Yes or No

Do you have sickle cell disease/traits? Yes or No?

Do any family members have sickle cell disease? Yes or No?

Do you know your HIV/AIDS status? Yes or No. If yes, what is your HIV/AIDS status? Positive or Negative

Are you willing to have an HIV/AIDS test at the request of your would-be spouse?

FAMILY BACKGROUND

Father or representative's name Phone (.....)

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Mother or representative's name Phone (.....)

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Have you informed them? Yes or No?

Are you under any pressure from your parents/family to get married?

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Have you introduced your would-be spouse to your parents/family?

.....

Have your parents or family consented to your decision to get married to your would-be spouse?

Yes or No

MISCALLANEOUS QUESTIONS

Do you accept the following biblical principles regarding marriage as stated below:

a) As a command from God (Gen. 1:28) Yes or No

b) For partnership (Gen. 2:18) Yes or No

c) For Fellowship (Eccl 4:9-11) Yes or No

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d) For sex pleasure and purity (1 Cor. 7:1-5; Heb 13:4) Yes or No

e) For a life time commitment (Math 19:4-8; Mal. 2:14-16) Yes or No

Who is the head of the home and why?

.....
.....
.....

Are you physically, emotionally, spiritually and financially prepared for this marriage? Yes or No

How do you plan on managing your finances? Separately or jointly (circle one)

What type of marriage ceremony do you intend to have? Customary, simple blessing or wedding? Circle which applies

Does your would-be spouse agree to this decision? Yes or No? Are you under pressure with this decision?

Do you plan to divorce for any of the reasons stated below?

- a) Lack of children? Yes or No?
- b) Sickness or protracted disease? Yes or No?
- c) Misbehavior or gross misconduct? Yes or No?
- d) Other.....
.....

Preferred wedding date is contingent on Pastor’s schedule and Church Activities. Please do not rush to make arrangements or send out invitation until you have been seen and counseled by the head Pastor

INVESTIGATION, VERIFICATION AND CONTACTS MADE

Parents/Family members contacted?

Former spouse contacted? Yes No Not applicable

Claimed medical stats verified?

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Documented evidence produced?

Contact with partner's Church or Minister If she/he is not HGM member?

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Date and place of engagement

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Preferred place and date of wedding * *

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Marriage registration with appropriate local authority?

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PASTOR'S REMARKS

NAME..... SIGNATURE

DATE.....

NAME..... SIGNATURE

DATE.....

PASTOR'S SIGNATURE

DATE.....

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