



## Marriage Enhancement *Course*

### You

Name as in NRIC	_____	Address	_____
NRIC No.	_____		S( _____ )
Citizenship	_____	Home Tel	_____
Date of Birth	_____	Office Tel	_____
Age	_____	Mobile	_____
Employment/Position	_____	E-mail	_____
Highest Qualification	_____	Dialects Spoken	_____

### You & The Church

Christian Since	_____	Church Activities	_____
Church Membership	_____ (dd/mm/yy)	in which you are	_____
Cell Group Leader	_____	Involved	_____

### Your Family

Wife's Name	_____	Separated?	<input type="checkbox"/> No
How long have you been married?	_____		<input type="checkbox"/> Yes (when separated? _____)
Previously Married?	<input type="checkbox"/> No <input type="checkbox"/> Yes (how long? _____)	No. of Children	_____
No. of Previous Marriages	_____	Children's Ages	_____

### Your Health

When was the last Medical Check-up? \_\_\_\_\_

Reason for Check-up \_\_\_\_\_

Are you presently having any health problems?  
(e.g. heart condition, kidney, blood condition or  
on any form of medication)  No  Yes

Have you undergone any surgery?  No  Yes (reason: \_\_\_\_\_)

### General

Have you undergone any sex-change operation?  No  Yes

Were you ever charged in any Criminal Court of Law?  No  Yes (offence: \_\_\_\_\_)