



**MOUNT ZION**  
**BAPTIST CHURCH OF GREENSBORO, INC**  
 1301 ALAMANCE CHURCH RD. GREENSBORO, NC 27406  
 (336) 273-7930 FAX (336) 373-4224

**REQUEST FOR PREMARITAL/ MARITAL COUNSELING**

Type of Counseling Requested:  Premarital  Marital

Date of Request: \_\_\_\_\_

Wedding Date: \_\_\_\_\_

**Bride/Wife**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_

New Address: \_\_\_\_\_

Are you saved?  Yes  No

**Member of Mount Zion:**  Yes  No If "No", where are you member? \_\_\_\_\_

Any previous marriages?  Yes  No If yes, how many? \_\_\_\_\_

Number of Children & Ages: \_\_\_\_\_

Are you under Doctor's care?  Yes  No If yes, for what reason? \_\_\_\_\_

What medications are you currently taking? \_\_\_\_\_

**Groom/Husband**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_

New Address: \_\_\_\_\_

Are you saved?  Yes  No

**Member of Mount Zion:**  Yes  No If "No", where are you a member? \_\_\_\_\_

Any previous marriages?  Yes  No If yes, how many? \_\_\_\_\_

Number of Children & Ages: \_\_\_\_\_

Are you under Doctor's care?  Yes  No If yes, for what reason? \_\_\_\_\_

What medications are you currently taking? \_\_\_\_\_

**Attention Premarital Couples: This form must be turned in at least 4 months prior to your expected wedding date.**

**MOUNT ZION BAPTIST CHURCH OF GREENSBORO, INC.  
BIBLICAL COUNSELING AGREEMENT**

Thank you for selecting Mount Zion Baptist Church of Greensboro, Inc. for Biblical counseling. Mount Zion offers Biblical counseling at no cost and provides counseling without regard to race, creed, color, or religion. All counseling is confidential, based on the scriptures of the Holy Bible and not according to the individual feelings of any particular counselor.

Should Mount Zion not be able to address your particular counseling needs, you will be given a referral as to where you can seek counseling. Mount Zion will not be liable for any communications, actions, bodily injury to self or others, or death of any person and damage to, or destruction of any property caused by the reckless or intentional conduct of counselee, which may be alleged to be related, directly or indirectly to Biblical counseling received at Mount Zion.

Your signature below indicates that you agree to reimburse, indemnify, defend and hold harmless Mount Zion Baptist Church of Greensboro, Inc., its directors, officers, employees, agents, and members from and against any liabilities, claims, demands, suits, losses, damages, expenses or penalties, or any action thereof, in connection with the Biblical counseling received by you. Furthermore, by your signature below, you represent that you understand and fully agree to each and every provision hereof.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**Counselee(s):**

**Witnessed By:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

**Counselee(s):**

**Witnessed By:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name