

Deer Pointe
Whitleyville, TN 38588
931-268-5251

APPLICATION FORM - COUPLE

Please fill out and return to our office either by mail or scanning (a photo also works) and emailing to dawn@deerpointeministries.com

General Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home: _____ Cell: _____

Work: _____ Fax: _____

Email: _____

Marital Status: ____ Single ____ Married ____ Separated ____ Divorced ____ Widowed

If married, how long? _____ years. If divorced, how long? _____ years.

Have you received any type of counsel? ____ No ____ Yes If yes, when? _____

Are you now in counseling? ____ No ____ Yes If yes, how long? _____

With whom are you counseling? _____

Who referred you to our ministry? _____

Information about your church:

Name of church you attend: _____

Senior Pastor's name: _____

Church phone #: _____

How long have you attended? Husband _____ Wife _____

Please describe your salvation experience:

Husband: _____

Wife: _____

Please describe your church background:

Husband: _____

Wife: _____

Please describe your current relationship with God:

Husband: _____

Wife: _____

Briefly describe what you would like to accomplish during our time together:

Husband: _____

Wife: _____

Do you regularly use legal or illegal medication? Alcohol?

Husband: _____ Yes _____ No If yes, please describe:

Wife: _____ Yes _____ No If yes, please describe:

By our signatures below, we agree that we are both committed to coming and working on our individual and marital issues. Also, we understand that it is required that we not bring other family members with us to this appointment.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____