



HOUSE ON THE ROCK
home for all

FAMILY LIFE DIRECTORATE
2-IN-1 DEPARTMENT

Pre-Marital Course Requirements

(To be submitted along with the Completed Form)

1. One recent passport photograph
2. Letter of consent from Parent(s)
3. Letter of Introduction from Church in the Home (CITH) Leader, HOD or Pastor
or
Letter of Introduction from the Pastor of the Church (if not a member of House on the Rock)

Things to Note:

- a) Submission: Forms will not be accepted after the deadline. However, applicants may re-apply for the next counseling session by obtaining a new set of forms.
- b) A pre-qualification interview would be done before commencing the course.
- c) Completion of “Finding The Rock” and “Spiritual Authority” Classes is *COMPULSORY* (for HOTR Members).
- d) The wedding date is not to be fixed prior to attending the Pre-Marital Course.
- e) A sample of the wedding programme is to be submitted for approval, at most, four weeks before the wedding (for HOTR weddings).
- f) Couples must post banns in the church before the wedding.
- g) Going to the Marriage Registry is to be done AFTER the pre –marital course and BEFORE Church Wedding. This must be done in consultation with the Pastors in Charge.
- h) Failure to submit items nos. 1 - 3 along with the completed forms will prevent the couple from being shortlisted for the pre-qualification interview.



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Pre-marital Course Questionnaire

SECTION A – BACKGROUND INFORMATION

1. Surname: _____ Other Names _____

2. a). Address (Home): _____

b). Address (Office): _____

3. Date of Birth: ____/____/____ 4. Sex: Male Female

5. Home Telephone: _____ 6. Mobile Nos: _____

7. E-Mail _____

8. Place of Birth: _____ 9. State of Origin _____

10. Nationality: _____ 11. Educational Qualification: _____

12. Occupation: _____

13a. Marital Status: Single Divorced Widow(er) Separated

13b Have you previously conducted any form of introduction or engagement with anyone.....

14. Do you have children, If yes, how many? _____

15. Mode of Accommodation (please tick)

Living with Parents/Relative

Living with Non-Relation

Rented Apartment

Owner Occupier

16a. No. of Brothers: _____ No. of Sisters: _____

16b. What is your position in the Family: _____

17. a) Name of Father (Surname first): _____

b) Age of Father: _____ c) Occupation: _____

d) Is your Father Born-Again? Yes No

e) If not, what is he? _____

f) Father's State of Origin: _____

g) Is your Father married /separated/divorced from your mother? Yes No



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- h) Is your Father a Polygamist? Yes No
- 18 a.) Name of Mother (Surname first): _____
- b.) Age of Mother: _____ c) Occupation: _____
- d) Is your Mother Born-Again? Yes No
- e) If not, what is she? _____
- f) Mother's State of Origin: _____
- g) Is your Mother married / separated / divorced from your Father? Yes No
- h) Is your Mother a Polygamist? Yes No
19. Are any of your siblings married/divorced/ separated? Yes No
- Please specify and explain _____
- _____
- _____
- 20a. Have you done your Traditional Marriage? Yes No
- Did you notify the Church? Yes No
- If Yes when? _____ Who? _____
- 20b. Have you done your Court Marriage? Yes No
- Did you notify the Church? Yes No
- If Yes, when? _____ Who? _____
21. Which Church are you planning to get married? _____
22. After the wedding, where would you be worshipping? _____
23. Have you previously attended a pre-marital class interview/training in HOTR or any other religious Institution? Yes No
24. Who is presently your closest confidant? _____
- 25a. Do you consume alcohol or any controlled substances? YES NO
- 25b. If yes, please specify what kind of alcohol or controlled substance _____



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SECTION B (1) – SPIRITUAL ASSESSMENT

1. Are you Born-Again? _____

2. When did you give your life to Christ and where? _____

3. Are you baptized in the Holy Ghost? Yes No

4. When did you receive your first Baptism of the Holy Ghost? _____

5. Since giving your life to Christ what particular gifts have you observed you function best in:

6. Have you ever been active in any local assembly? Briefly explain

7. What do you believe is the call of God upon your life?

8. How would marriage help to accomplish this call?

a. For House on the Rock members only:

How long have you been in HOTR? _____

i. Have you attended finding the Rock class? _____

ii. Have you attended Spiritual Authority class? _____

iii. Are you actively serving in any department in HOTR? Name your department and Head of Department. If you are not serving explain why.



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- iv. What is your nearest Church in the Home (CITH)? _____
 - v. What is the name of your CITH Leader? _____
 - vi. How often do you attend CITH? _____
- b. For Non- House on the Rock members and also Members of House on the Rock who are less than 6 months (in addition to filling No. 9 above):
- i. What is the name of your church (previous Church)?

 - ii. Where is it located? _____
 - iii. What is the name of the Senior Pastor? _____
 - iv. How long have you been attending (or attended) the church? _____
 - v. Are (were) you actively serving in any department? Which department?



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SECTION B (2) – HABITS

1. Is this one of the things you are praying to overcome? Please tick the appropriate boxes.

- | | |
|---|---|
| <input type="checkbox"/> Inability to finish what you start to do | <input type="checkbox"/> Too much attachment to material things |
| <input type="checkbox"/> Insubmissiveness | <input type="checkbox"/> Pride |
| <input type="checkbox"/> Rejection | <input type="checkbox"/> Carelessness |
| <input type="checkbox"/> Rebellion | <input type="checkbox"/> Planlessness |
| <input type="checkbox"/> Bad dreams | <input type="checkbox"/> Selfishness |
| <input type="checkbox"/> Familiar Spirits | <input type="checkbox"/> Inactivity |
| <input type="checkbox"/> Harsh words | <input type="checkbox"/> Indifference |
| <input type="checkbox"/> Backsliding | <input type="checkbox"/> Infirmary |
| <input type="checkbox"/> Criticism | <input type="checkbox"/> Lying |
| <input type="checkbox"/> Domineering Character | <input type="checkbox"/> Poor Leadership |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Inferiority |
| <input type="checkbox"/> Sexual lust | <input type="checkbox"/> Fault Finding |
| <input type="checkbox"/> Doubts | <input type="checkbox"/> Unforgiveness |
| <input type="checkbox"/> Self Pity | <input type="checkbox"/> Inability to Rest |
| <input type="checkbox"/> Murmuring | <input type="checkbox"/> Fear |
| <input type="checkbox"/> Hatred | <input type="checkbox"/> Self-Condensation |
| <input type="checkbox"/> Over-eating | <input type="checkbox"/> Impatience |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Strife |
| <input type="checkbox"/> Unbelief | <input type="checkbox"/> Power Struggling |
| <input type="checkbox"/> Poor Communication | <input type="checkbox"/> Intolerance |
| <input type="checkbox"/> Homosexuality | <input type="checkbox"/> Others |
| <input type="checkbox"/> Jealousy | |

- If others, please specify: _____

2. If not overcome, what impact do you think it would have on your marriage?

Pastor's Comments: _____



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SECTION C – PREPAREDNESS ASSESSMENT

1. Are you currently employed? Yes No
2. Are you self-employed? Yes No
3. What is the nature of your job? _____
4. Is your job in Lagos? Yes No 5. If No, then where? _____
5. Does your job take you out of Lagos quite often? Yes No
6. How long have you known your Fiancé / Fiancée? _____
7. When did you start courting? _____
8. Have you ever been physically abused by anyone/ your spouse? Yes No
9. Have you ever physically abused anyone/your intending spouse? Yes No
10. Assess your relationship using the following guidelines

a) Love _____

b) Communication _____

c) Spiritual Compatibility _____

d) Ability to resolve conflicts amicably _____

e) Dating (going out for drinks / dinner / picnic etc.) _____

f) Praying together and for each other _____

g) Intellectual Compatibility _____



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b) Physical Compatibility _____

11. Your income bracket (per annum) as at date

- | | |
|--|--|
| <input type="checkbox"/> Under N250, 000.00 | <input type="checkbox"/> N250, 000.00-N500, 000.00 |
| <input type="checkbox"/> N500, 000.00-N1, 500,000.00 | <input type="checkbox"/> N1, 500,000.00-N3, 000,000.00 |
| <input type="checkbox"/> N3, 000,000.00 & Above | |

12. What are your expectations in marriage? _____

13. What attributes do you possess that make you believe you are ready for marriage?

14. What attributes does your Fiancé / Fiancée possess that makes him / her ready to marry you?

15. What area of his / her life do you believe can affect your marriage (negatively & positively)?

16. Briefly explain why you believe your fiancé / fiancée is God's choice for you



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17. Do you have any reservations about getting married to your fiancé (e)? Yes No

Why? _____

18. Under what condition can you change your mind about marriage?

19. Is there any secret or important information which you are yet to reveal to your fiancé or fiancée? Yes No

20. In your own words, how would you assess your fiancé/ fiancée?



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SECTION D – ASSESSMENT OF FIANCÉ/FIANCÉE

Please assess your fiancé / fiancée to the best of your ability by ticking the most appropriate column

S/N	CATEGORY A	MAJOR	AVE.	MINOR
1	Over working			
2	Very Strong willed			
3	Achiever			
4	Determined			
5	Goal Oriented			
6	Competitive			
7	Executive			
8	Adventurous			
9	Easily Provoked			
10	Tendering to revenge			
11	Over Confidence			
12	Tendency to Boast or inclination to self-exaltation			
13	Rigid			
	TOTAL			

S/N	CATEGORY B	MAJOR	AVE.	MINOR
1	Organised			
2	Sacrificial			
3	Hardworking			
4	Loyal			
5	Detail Minded			
6	Analytical			
7	Musical / Artistic			
8	Creative			
9	Easily Discouraged			
10	Cannot forget offence			
11	Perfectionist			
12	Reserved			
13	Not easily satisfied			
14	Overworking			
15	Meticulous			
16	Thinker			
	TOTAL			



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S/N	CATEGORY C	MAJOR	AVE.	MINOR
1	Self-exalted / Warm / Friendly			
2	Outgoing / Easily Mixes			
3	Outspoken / Ovation			
4	Executive			
5	Easily forgives			
6	Easily Repentant			
7	Easily forgets			
8	Not Organised			
9	Exaggerates			
10	Undertakes more than can bear			
11	Easily disappoints			
12	Very flexible			
TOTAL				

S/N	CATEGORY D	MAJOR	AVE.	MINOR
1	Good Observer			
2	Quiet and Withdrawn			
3	Very careful			
4	Good planner			
5	Foresight			
6	Critical			
7	Self Protective			
8	Efficient Administration			
9	Fearful			
10	Risk and Danger Conscious			
11	Self Conscious			
12	Selfish / Self first			
13	Fear of Failure			
14	Tendency to Slothfulness			
15	Easily find faults			
TOTAL				

HEALTH CHECK

Do you have any medical challenges? Yes No
 If yes, does your intending spouse know? Yes No

Your Name _____

Name of Fiancé / Fiancée _____

Signature _____

Date ____/____/____



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FOR OFFICIAL USE ONLY

Date of Submission: ____/____/____

Date for pre-qualification interview: ____/____/____

Summary of comments from the pre-qualification interview:

Tick as appropriate:

Proceed for Premarital Course Postpone Premarital Course till a later date

Others

Reasons: _____

Name: _____

Signature: _____