

Date -----/-----/-----

**ONE TO ONE CARE  
PERSONAL INFORMATION**

**BASICS:**

Name \_\_\_\_\_ Primary Phone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Marital Status: Single \_\_\_ Dating \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Referred here by: \_\_\_\_\_

**RELIGIOUS BACKGROUND:**

Name of your church: \_\_\_\_\_ Denomination: \_\_\_\_\_

If you attend PC3, how long have you been attending: \_\_\_\_\_

Do you believe in God? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_ Do you pray to God? Never \_\_\_ Occasionally \_\_\_ Often \_\_\_

Are you saved? Yes \_\_\_ No \_\_\_ Not sure what you mean \_\_\_ How much do you read the Bible? Never \_\_\_ Occasionally \_\_\_ Often \_\_\_

Baptized? Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Personal quiet time? Yes \_\_\_ No \_\_\_

Are you in a small group? Yes \_\_\_ No \_\_\_ If so, who is your small group leader? \_\_\_\_\_

May we contact your small group leader? If no, please explain \_\_\_\_\_

Describe your walk with Christ (please feel free to write on the back of this page if you need more space):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AVAILABILITY:**

For scheduling purposes, please provide the days of the week and corresponding times that you are available to meet for regularly scheduled meetings. Please understand that Friday evenings and Saturdays are not available for meetings.

**MARRIAGE AND FAMILY:**

Name of Spouse: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse's Age: \_\_\_\_\_ Religious Background: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Your ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_ How long did you know your spouse before marriage? \_\_\_\_\_

Length of steady dating with spouse: \_\_\_\_\_ Length of engagement: \_\_\_\_\_

Is your spouse willing to come in with you? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_

**Information about Children:**

PM*	Name	Age	Sex	Living Yes/No	Education in years	Marital Status
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

\*Check this column if child is by previous marriage

