

# SOTM Couples Life Skills Intake Face Sheet

Please Print Clearly :

Your name is automatically added to our mailing list for future events.

Please do not add my name to mailing list.

Check one box:  First-time to SOTM  Returning - last time with SOTM \_\_\_\_\_

Today's Date \_\_\_\_\_ Wedding Date: \_\_\_\_\_

**Groom's Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cellular: (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation: \_\_\_\_\_

Is this your first marriage? (\_\_\_\_) Yes (\_\_\_\_) No If No, how many previous marriages: \_\_\_\_\_

Any Children? (\_\_\_\_) Yes (\_\_\_\_) No If Yes , how many children?: \_\_\_\_\_

**Bride's Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cellular: (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation: \_\_\_\_\_

Is this your first marriage? (\_\_\_\_) Yes (\_\_\_\_) No If No, how many previous marriages: \_\_\_\_\_

Any Children? (\_\_\_\_) Yes (\_\_\_\_) No If Yes , how many children?: \_\_\_\_\_

How did you learn of SOTM, Inc. \_\_\_\_\_

*In the event of an emergency, please contact* \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_