

If applicable:

Present status (Circle One): single, married, separated or divorced

Your Present Marriage is your: 1st, 2nd, 3rd, _____

Your Spouse's Present Marriage is the: 1st, 2nd, 3rd, _____

Your Children:

Name	DOB*	BAP♦ Indicate which marriage the children were born or adopted.	Indicate A for adopted, B for biological parent.
—			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Spouse's Children:

Name	DOB*	BAP♦ Indicate which marriage the children were born or adopted.	Indicate A for adopted, B for biological parent.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Primary Insurance: _____

Billing Address: _____

Secondary Insurance: _____

Billing Address: _____

I understand that if my insurance fails to pay Covenant Counseling for any reason I am responsible for full payment of my account.

Signed: _____ Date: _____

* Date of Birth

* Date of Birth

♦ **Biological or Adopting Parent:** Identify biological spouse by indicating the spouse is of which marriage using 1st, 2nd, 3rd, etc., **P** = present, or **BSP** = Born of single parent.