

Newly Married Couple Participant Short Survey

Name _____

Email address _____

How many years have you been married?

Is this your first marriage?

Are you and your spouse both Orthodox Christians?

Did one of you convert?

Did you go through pre-marital counseling? (The Journey through Marriage)

Do you have children? Please list their names and ages below.

How did you hear about this Ministry?

What do you hope to gain out of this Ministry?

What topics would you like to see as part of this Ministry program?