



MARRIAGE & FAMILY LIFE DEPARTMENT
 CATHOLIC DIOCESE
 OF BATON ROUGE

Request for Pre-Marital Couple Evaluation
Fax this to Behavioral Health Services 225-336-8703
 Behavioral Health Phone 225-336-8708

Counselor		Counselor fax/ phone	
Couple - His Name		Couple - Her Name	
Referring Priest or Deacon		Address, Phone, Email & Fax of Referring Priest/ Deacon	
Church Parish & City			
Today's Date		Preferred contact method	

I. My concerns are in the following areas:

- | | | |
|--|---|---|
| <input type="checkbox"/> Cohabitation | <input type="checkbox"/> Children already present | <input type="checkbox"/> Disagree about having/# children |
| <input type="checkbox"/> Maturity/Age | <input type="checkbox"/> Physical Intimacy | <input type="checkbox"/> Extended Family |
| <input type="checkbox"/> Readiness Issues | <input type="checkbox"/> Outside Pressure | <input type="checkbox"/> Division of Labor |
| <input type="checkbox"/> Commitment Issues | <input type="checkbox"/> Personal Issues (past abuse,
health, previous trauma, etc.) | <input type="checkbox"/> Expectations |
| <input type="checkbox"/> Mental Illness | | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Substance Abuse | | |
| <input type="checkbox"/> Family Violence | Other: | |

II. Brief description of situation/
 Questions you'd like answered/
 Any other important info:

III. Disposition of Concerns:

- I have expressed my initial concerns to this couple. They know I have some concerns that I have asked you to evaluate.
- I have requested they sign a release when they meet with you so that we may discuss the general outcome of your evaluation.
- I have not expressed my initial concerns to this couple.
- After sessions with this couple, I would like the counselor to provide written correspondence to me regarding this couple's readiness and understanding of the Sacrament of Matrimony.**