



**If applicable:**

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

Your Present Marriage is you're: 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, \_\_\_\_\_

Your Spouse's Present Marriage is the: 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, \_\_\_\_\_

**Your Children:**

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

**Spouse's Children:**

Name	DOB*	BAP Indicate to 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: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\* Date of Birth  
\* Date of Birth

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