**ALLIANCE BIBLE FELLOWSHIP**

**RECONCILE REFERRAL REQUEST**

My spouse and I are experiencing serious conflicts or disputes in our marriage. I have read the **RECONCILE Ministry Overview**, which describes the marriage reconciliation and dispute resolution services provided by RECONCILE, and request that we be referred to RECONCILE for help.

***If you are using the fillable form, use the TAB key or the arrows to move between fillable fields.***

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| --- |
| My Name:  |
| Signature – *Please provide your signature by signing or typing your name in this space*./s/  | Date: |
| **I am a member/regular attender of Alliance. [ ]  YES [ ]  NO** |
| **My spouse is a member of or regular attender at Alliance. [ ]  YES [ ]  NO**  |
|

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| **My spouse is aware that I am requesting this referral. [ ]  YES [ ]  NO** |
| **My spouse will participate with me in RECONCILE. [ ]  YES [ ]  NO [ ]  Not Sure** |

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**My Contact Information**

|  |
| --- |
| Mailing Address:       |
| City:       | State:       | Zip:       |
| Daytime Phone:       | Evening Phone:      | Mobile:        |
| Email Address 1:       | Email Address 2:       |

**My Spouse’s Contact Information**

|  |
| --- |
| Spouse’s Name:       |
| Address (if different):       |
| City:       | State:       | Zip:       |
| Daytime Phone:       | Evening Phone:      | Mobile:        |
| Email Address 1:       | Email Address 2:       |

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| **This is why I am requesting a referral to RECONCILE now.****(Left-click here to open the response box, which will expand as you type.)** |
|       |