**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.***

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

**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: | |

|  |
| --- |
| **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.)** |
|  |