

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.

My Name:			
Signature – <i>Please provide your signature.</i>			Date:
I am a member/regular attender of Alliance. <input type="checkbox"/> YES <input type="checkbox"/> NO			
My spouse is a member of or regular attender at Alliance. <input type="checkbox"/> YES <input type="checkbox"/> NO			
My spouse is aware that I am requesting this referral. <input type="checkbox"/> YES <input type="checkbox"/> NO			
My spouse will participate with me in RECONCILE. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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: