



reconcile

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 intervention services provided by RECONCILE, and request that we be referred to RECONCILE for help.

My Name:			
Signature – <i>Please provide your signature by signing or typing your name in this space.</i>			Date:
/s/			
I am a member/regular attender of Alliance.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
My spouse is a member of or a 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 now.
(Attach additional sheets, if needed)

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