



Premarital Information and Consent

Confidentiality Commitment

All information disclosed to your life mentor/pastor will be kept in strict confidence. However, persons receiving mentoring can expect confidentiality modified in the following situations:

1. When the personal safety of the person receiving mentoring or another person is an issue.
2. When any form of child abuse (physical or sexual) or child neglect is disclosed to or suspected by your mentor.
3. When and if disclosure is required by a court of law.

Consultation Consent

I do hereby give my consent for my mentor/pastor to consult with other mentors, Pastors, Medical Doctor, Psychiatrist, Social Worker, or other professional person, that my mentor/pastor may deem appropriate to consult with, in order to assist in the assessment of my premarital concerns, for the purpose of providing the best possible help, in making recommendations, formulating treatment strategies, or in considering an appropriate referral.

Financial Policy

Reverend Kelly Barcol of House of Joy will perform your wedding ceremony free of charge, however, premarital counseling by a pastor or mentor is required for Reverend Kelly Barcol to perform your wedding. Four hours are required, but six hours are suggested to receive a discount at the courthouse on your marriage license. Appointments must be set up with Reverend Polly Barcol or other Life Mentor personally. As members of House of Joy, \$100.00 is the required minimum for the premarital counseling with \$30.00 per session suggested which would be \$180.00 for six sessions. As a non-member of House of Joy, \$30.00 per session, totaling \$180.00, is required. These funds can be paid at one time or in multiple payments as long as the total amount is paid by the sixth session.

Name: _____	Fiancé: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Email: _____	Email: _____
Wedding Date: _____	Wedding Location: _____

We agree to the above conditions and will pay what we owe by the sixth session of premarital counseling.

_____ Signature	_____ Signature
_____ Date	_____ Date