



## Marriage Counselor Endorsement Form

Please send completed copy to:

Marriage Matters Jackson  
536 N. Jackson Street  
Jackson, MI 49201

Or [info@marriagemattersjackson.com](mailto:info@marriagemattersjackson.com)



## Marriage Counselor Endorsement

### \* Required Fields

I endorse the following:

- \*  Scope:  
Marriage Matters Jackson provides education, enrichment, and preparation activities in support of marriage, verifying success through outcome measurement. In addition, this initiative promotes the empirical value of the personal and societal merits of marriage for wives, husbands, and children.
  
- \*  Vision:  
Healthy Marriages  
Promote    Prepare    Preserve
  
- \*  Mission:  
Strengthen marriages and families, decrease divorce, and measurably impact Jackson County and its economy by supporting proven strategies to:
  - Communicate the importance of healthy marriage
  - Connect the community to marriage enrichment and pre-marital resources
  - Collaborate with community leaders and organizations
  
- \*  The content of my service and/or program is compatible with the scope of Marriage Matters Jackson.
  
- \*  I am willing to provide basic data or information regarding my program or service to help Marriage Matters Jackson measure outcomes.





Please check one:

- Religious Organization
- Therapist
- Other Pre-marital and Marriage Education

\* First Name:

\* Last Name:

\* Organization:

\* Address 1:

Address 2:

\* City:

\* State:

\* Zip:

\* Telephone:

\* E-mail:

Website:

Special Credentials or Certification:

Signature:

Date:

