

VERIFICATION OF COUNSELING SERVICES

Activity Code

Marriage and Family Counseling Service

Barrington H. Brennen

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242-327 1980

	DATE	UNIT OF SERVICE	CLIENT SIGNATURE	WHO ATTENDED (1 st name only)	COUNSELLORS INITIALS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

THIS FORM PROVIDES PROOF OF SERVICE FOR PAYMENT PURPOSES **ONLY** ON BEHALF OF THE CLIENT.