

## New Client Paperwork

**Thank you for choosing Interfaith Life Events 4 You to provide this service at this memorable moment or healing opportunity in your life. Some of this paperwork may or may not apply to you but please if it does not apply just write 'n/a' but please fill it in fully, the first 2 pages are non-negotiable and MUST be filled out fully by everyone regardless of the services you are seeking.**

**\*\*Note: the notary is only required for someone under 18.\*\***

What Service(s) are you interested in:

- |  |   |
|--|---|
| <input type="checkbox"/> Premarital Marriage Education | <input type="checkbox"/> Custom Wedding Service |
| <input type="checkbox"/> House Cleansing               | <input type="checkbox"/> House Blessing         |
| <input type="checkbox"/> Graduation Blessing           | <input type="checkbox"/> Naming or Wiccaning    |
| <input type="checkbox"/> Simple Reiki Healing          | <input type="checkbox"/> Extended Reiki Healing |
| <input type="checkbox"/> Reiki Classes                 | <input type="checkbox"/> Funeral Services       |

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ DOB: \_\_\_\_\_ Language: \_\_\_\_\_

Race: \_\_\_\_\_ Last 4 of SS#: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name if married: \_\_\_\_\_  
(Partner or Fiancé names would also go here)

Please Initial then Sign Below:

\_\_\_\_\_ I understand that I am solely responsible for all charges incurred in connection with any services rendered to me by Dr. Vincent Hill, and that there is no coverage by any kind of insurance.

\_\_\_\_\_ I fully understand that if I seek Reiki treatments through Dr. Vincent Hill that they do not take the place of a qualified medical professional, and Dr. Hill is NOT a medical doctor, nurse, or psychiatrist. I also understand that Dr. Hill advises that I seek the help of a Medical professional for all medical conditions, be it physical, mental, or emotional.

\_\_\_\_\_ I certify that all the information contained herein and given by me is accurate and complete so that He can best evaluate which services are appropriate for my need.

\_\_\_\_\_ I fully understand that payment for services is due at least 1 week prior to the service being rendered unless paying by cash in person which in that case payment (must have prior arrangement) it is due at the time any service is given be it counseling or a ulogy at a funeral payment is due before services are rendered, there will be no exceptions to this.

If client is under 18 years of age they MUST be accompanied by their LEGAL guardian not their uncle, niece, cousin, aunt, pastor or friend. Photostatic copies of proof of guardianship must be submitted with this packet, i.e. birth cert, foster parent papers, adoption papers, or conservator paperwork.  
**(This paperwork will be kept on file in the client's private protected files.)**

This will serve as authorization to treat and render services to a minor, as long as the legal guardian signs below and it is Notarized by an unexpired Notary Public (most banks will do this for free for the account holder).

Client Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

***\*Note: Notary only needed if client is under 18 years of age!***

Notary Seal:

Notary Signature: \_\_\_\_\_

My Comission Expires: \_\_\_\_\_

***\*\*NOTE: Dr. Vincent James Buck Hill is not a medical doctor but rather a Doctor of Religious humanities which is steeped in church law and how the church relates to the law of the land. He is an ordained minister and has been a minister for over 20 years, ordained for 15 of those years and has vast experience, he has also been a qualified Reiki pracitioner and Master-Teacher for 8 years.***

## **Cancellation Policy**

I offer custom written ceremonies, and Reiki healing and classes, sessions begin at \$69 and go up from there; Reiki classes with attunements and manuals from Beginner to Master-Teacher start at \$250 and go up. If you need a free consultation on any service then contact me at [information@interfaith-life-events.com](mailto:information@interfaith-life-events.com). All services are invoiced; I accept cash and all cards with a credit logo including prepaid, rewards, and also paypal, but if you must pay by check then there is a 14-day hold on the check before services can even be scheduled, there is a \$30.00 returned check fee, and unfortunately the societal climate has dictated that we pursue and prosecute returned checks that are not reconciled within 45 days. There is a \$25 cancellation fee for all services except Reiki classes which is \$125 and all cancellations must be submitted in writing via email to [information@interfaith-life-events.com](mailto:information@interfaith-life-events.com) within 72 hours before event start time of the event after which a 60% late cancellation fee will be assessed up to start time after start time there are no refunds, in addition all distance services cannot be cancelled once paid for.

## **Interfaith Life Events 4 You Privacy Policy**

This privacy policy discloses the privacy practices for <http://www.interfaith-life-events.com>. This privacy policy applies solely to information collected by this web site. It will notify you of the following:

1. What personally identifiable information is collected from you through the web site, how it is used and with whom it may be shared.
2. What choices are available to you regarding the use of your data.
3. The security procedures in place to protect the misuse of your information.
4. How you can correct any inaccuracies in the information.

### **Information Collection, Use, and Sharing**

We are the sole owners of the information collected on this site. We only have access to and/or to collect information that you voluntarily give us via email or other direct contact from you. We will not sell or rent this information to anyone.

We will use your information to respond to you, regarding the reason you contacted us. We will not share your information with any third party outside of our organization, other than as necessary to fulfill your request, e.g. to ship an order.

Unless you ask us not to, we may contact you via email in the future to tell you about specials, new products or services, or changes to this privacy policy.

### **Your Access to and Control Over Information**

You may opt out of any future contacts from us at any time. You can do the following at any time by contacting us via the email address or phone number given on our website:

- See what data we have about you, if any.
- Change/correct any data we have about you.
- Have us delete any data we have about you.
- Express any concern you have about our use of your data.

## **Orders**

We request information from you in our online storefront through Square which uses secure technology. To buy from us, you must provide contact information (like name and shipping address) and financial information (like credit card number, expiration date, and security code). This information is used for billing purposes and to fill your orders. If we have trouble processing an order, we'll use the contact information to contact you.

### **Links**

This web site contains links to other sites. Please be aware that we are not responsible for the content or privacy practices of such other sites. We encourage our users to be aware when they leave our site and to read the privacy statements of any other site that collects personally identifiable information.

### **Security**

We take precautions to protect your information. When you submit sensitive information via the website, your information is protected both online and offline.

Wherever we collect sensitive information (such as credit card data, ours is processed through our Square Storefront and we never store or keep credit card numbers on file once you use it it is digitally shredded and destroyed, in fact we cannot even see your credit card info on this side unless you give it to us to run it manually, which we then destroy any trace of it be an e-mail, snail mail, or through a social media messaging app), that information is encrypted and transmitted to us in a secure way. You can verify this by looking for a closed lock icon in the address bar at the top of your web browser, or looking for "https" at the beginning of the address of the web page.

While we use encryption to protect sensitive information transmitted online, we also protect your information offline. Only the employees who need the information to perform a specific job (for example, billing or customer service and at this time that consists of one person, the owner of the company) are granted access to personally identifiable information. The computers/servers in which we store personally identifiable information are kept in a secure environment.

### **Updates**

Our Privacy Policy may change from time to time and all updates will be posted on this page. If you feel that we are not abiding by this privacy policy, you should contact us immediately via writing at the [information@interfaith-life-events.com](mailto:information@interfaith-life-events.com) email all correspondence concerning legality or privacy must be done in writing so that we can properly track the situation.

**Premarital Marriage Education Questionnaire (formerly known as premarital counseling)**

How long have you and your partner been together? \_\_\_\_\_

Do you fight? ( )Y ( )N  
How often? \_\_\_\_\_

Do you ever go to bed angry or even just upset with each other? ( )Y ( )N  
Do you communicate with each other about everything? ( )Y ( )N

**Custom Wedding Questionnaire**

Is this going to be a legal wedding? ( )Y ( )N  
Is this a same-sex wedding? ( )Y ( )N

If so how long have you been together? \_\_\_\_\_

Are you looking for a legally binding wedding, now  
that it is legal or are you looking for a simple commitment ceremony? ( )L ( )CC

Have you thought about taking the premarital education course so  
you will get a discount on your marriage license, the course is \$50  
that includes your workbooks and the state portion discount is \$60 ( )Y ( )N

Are looking for something traditional or more custom? ( )T ( )C

Will you be writing your own vows? ( )Y ( )N

Please list below things that you may have thought of that you want included in your ceremony:

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## Naming Ceremony

- Are you seeking an in-person or online naming, either can be performed? (one isn't better than the otherbut there is a cost difference)  I-P  On
- Is this a new-born?  Y  N
- Have you chosen a name already?  Y  N
- Is this just a spiritual naming?  Y  N
- Will the child/person carry this name their entire life?  Y  N
- Is this ceremony for you or your child or are you arranging this for someone eles?  S/C  Ap

What is the chosen name? \_\_\_\_\_

The age of the person in question? \_\_\_\_\_

- Do you desire an anointing during the ceremony?  Y  N  
*(This is done with a simple consecrated anointing oil and is only a few drops its not like they are immersed in oil, or even have a large ammount applied to the head and skin)*

## Blessings

What purpose is this blessing for? \_\_\_\_\_

- Is this blessing for you or someone else, i.e. your child in a graduation blessing?  S  Oth
- Is this a house blessing?  Y  N
- If so has the house been properly cleansed first?  Y  N

Have you ever had a blessing before and if so what was your experience with the Reverend/Holy Officiant like? \_\_\_\_\_

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## Funerary Services

*First let me take this opportunity to say I am sorry for your loss and this time of grief, I strive to be as compassionate in this time as I possibly can, I pray that your time of grief be short lived and as easy as is possible ad that there are those that do not make it any more difficult then it has to be.*

- Is this person an immediate family member?  Y  N  
Is this person a very close friend?  Y  N  
Are they being buried or cremated?  B  C  
Were they what others consider to be a “good” person?  Y  N  
Were they what others would consider a difficult person?  Y  N  
Were they a convicted criminal that died while incarcerated?  Y  N  
Are you expecting a large turnout?  Y  N

What kind of service are you desiring and is this in line with what the person wanted?

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- Will this be a traditional service?  Y  N  
Was this person a firefighter, police officer, or vet?  Y  N  
If so will the color guards of these branches of public service be involved?  Y  N  
Will members of these branches be speaking as a fellow servant?  Y  N  
Will there be a guard rotation?  Y  N  
Will there be a Bridge of Transition\* ceremony?  Y  N

*\*Bridge of Transition Ceremonies are more commonly recognized as the passing under the sword, fire hoses, or a gun salute all of these represent the transition of the soul from the physical body to the metaphysical state.*

## Reiki Healing Questionnaire

The following questions all have to do with stress, stressors, and stress relief in our lives please be completely honest in your answers as all these items affect our health in some way. Thank You!

### Social Habits:

- Do you drink alcohol regularly?  Y  N  
More often then 2 times per week?  Y  N  
Do you smoke cigarettes or vape?  Y  N  
Do you use illicit substances (this includes pot, synthetic, and kush)?  Y  N  
Do you exercise regularly?  Y  N

### Work Habits:

- Do you work more than 40 hours a week regularly?  Y  N  
Do you work in a High Stress environment?  Y  N  
Are you unsatisfied in your work?  Y  N

### Family Habits:

- Do you have a supportive family?  Y  N  
Does your family create stress?  Y  N  
Do you have children under 10?  Y  N  
Do you have children 14 and over?  Y  N

### Sexual Habits:

Orientation: \_\_\_\_\_

- Are you currently sexually active?  Y  N  
Are you satisfied in your sex life?  Y  N  
Do you masturbate regularly?  Y  N

Are you seeking a simple Tune-up or a more extended session? \_\_\_\_\_

Please list any and all conditions you have, please only diagnosed conditions not something you heard about and you might think you may have it, or “Aunt Susie has the same symptoms and she was diagnosed with fibromyalgia so that is what I must have” this is not acceptable I can only accept conditions that a qualified medical professional has indicated you have. Thank you for your understanding.

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Please list any and all medications you are taking including anything over-the-counter like ibuprofen or vitamin C.

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## Reiki Classes Questionnaire

Are these classes to be held in your home, the home of another or a more public setting?

Home       Home of another\*       Public setting

***\*If in the 'home of another' the person whose home it will be in will need to fill out the facility commitment contract, this form can be obtained by contacting me at [information@interfaith-life-events.com](mailto:information@interfaith-life-events.com) after which I will email it to you and then it needs to be filled out, signed, notarized, and returned to me, anything requiring a notarization can be uploaded as proof but the physical paper must be brought with you to the initial meeting to be placed on file.***

How many students will these classes have? \_\_\_\_\_

Are any of these students recovering addicts?  Y  N

Are all students prepared for multiple sessions?  Y  N

*(Reiki classes are typically not a single session event, unless they are offered in an intensive all day long session which is tiring and not recommended)*

Are there any students interested in going all the way to Master-Teacher level?  Y  N

Are you wanting to take these classes to heal self or others or both?  S  O  B

Are you looking to take this to a business level?  Y  N

Have you ever taken Reiki classes before?  Y  N

If yes then how far did you go? \_\_\_\_\_

What tradition were the classes in? \_\_\_\_\_

Was your Teacher certified?  Y  N

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