

PRAYERS FOR THE SICK FORM

DATE _____

Name of person needing prayers _____

Name of person calling _____

Caller's telephone number _____

Caller's e-mail address _____

Caller's relationship to person needing prayers _____

Explain in detail the health problems of the Sick person. Please include where they live, age, married?

Prognosis, treatment:

Sick person at HOME ____ HOSPITAL ____ (if so, where) _____

Put in Bulletin? ____ Date ____ Remove? _____

Put in Ministry of Praise ? _____