Prayer Request

Please indicate where you wish prayers to appear (check all that apply)

☐ Universal Prayer at Mass ☐ Bulletin ☐ Prayer Chain

I understand that this Prayer Request will be in the Bulletin, Universal Prayers at Mass and/or Prayer Chain for 3 weeks, after that a new Prayer Request will be required. _____ please initial.

Name of Person making Request: _____

Phone Number: _____ E-Mail: _____

Address: _____

Are you a Registered Parishioner? ☐ Yes ☐ No

Name of Person needing Prayer: _____

Phone Number: _____ E-Mail: _____

Address: _____

Has this person given their permission to be prayed for by this Parish?

☐ **Yes** ☐ **No**

Is this person a Registered Parishioner? ☐ Yes ☐ No

If this person regularly attends church, please indicate:

☐ Our Lady of the Woods ☐ St. Peter ☐ Other: _____

Are they currently in the hospital or hospice? ☐ Yes ☐ No

Where? _____

_____

Have they received the Sacrament of the Sick? ☐ Yes ☐ No

Please give a brief description of why a prayer request is being submitted:

_____

_____

_____

_____

Please return this form to the church office or place in the offertory basket.

Date Received: ___ /___ /___