

**CHURCH OF OUR LADY OF LOURDES**

114, Jalan Tengku Kelana, 41000 Klang, Selangor.

Tel : 03-33713053 Fax : 03-33737823

Request for Ministry of the sick

Home :

Hospital :

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

Name of Sick

Person : \_\_\_\_\_ Age : \_\_\_\_\_

Home / Address \_\_\_\_\_

Parish : \_\_\_\_\_ BEC : \_\_\_\_\_

Telephone : (H) : \_\_\_\_\_ H/P : \_\_\_\_\_

Hospital : \_\_\_\_\_

Floor : \_\_\_\_\_ Wad : \_\_\_\_\_ Bed : \_\_\_\_\_

Nature of illness : \_\_\_\_\_

Request for : Communion:

Prayer Support :

Anointing :

Confession :

Information given by : \_\_\_\_\_ Relationship to sick : \_\_\_\_\_

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**For office use**

Received by: \_\_\_\_\_ Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Referred to : \_\_\_\_\_ Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Attended by: \_\_\_\_\_ Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Remarks : \_\_\_\_\_

\_\_\_\_\_

