

Christ Church Prayer Request



Date: _____

Concerning (name): _____

Member of Christ Church? Yes _____ No _____

For: _____ Healing _____ Encouragement _____ Comfort
 _____ m Repose of Soul _____ Thanksgiving _____ Other

Requested by: _____

Phone: (_____) _____ *(optional)*

Details (include relationship to Requestor:

Use back of form for additional comments.

Do you want this name to appear on the printed Prayer Parish List? ____ Yes ____ No

Names will be posted for 30 days, thereafter an updated prayer form should be submitted – i.e., Thanksgiving for healing and prayer.