

 **NEMOVEMENT**
Bible Church
Prayer Request Form

Date: _____

Name

Address

City/State/ Zip

PRAYER REQUEST

- Family Employment Marriage
 Finances Relationships
 Health & Healing

Please pray specifically for:

Continue to pray for this concern:

- One Week Two Weeks
 One Month

Is this person a Christian?

- Yes No

Is this person a Member?

- Yes No

May we Contact this person?

- Yes No

Place request in the bulletin?

- Yes No

Name of Person Making Request:

Contact Number

Please return this card to an Usher or place in an offering box.

HOSPITAL FORM

If you are going into the hospital or know someone who is in the hospital please complete this form.

Member's (name): _____

Non-member's (name): _____

Contact name: _____

Hospital Information:

Room #: _____

Phone #: _____

Person reporting: _____