Saint Cornelius' Episcopal Church

Prayer Request Form

We are a community that enjoy to serve and pray

Today's Date:

Your Name:

Your Address:

Your Phone Number:

Your E-Mail Address:

I am asking prayer for Health ☐

Thanksgiving ☐

Special Prayer ☐

Eternal Rest ☐

Name of the Person(s)

Do you want your prayer request removed in: 30 days ☐

60 days ☐

90 days ☐

Never ☐

Birthdays:

Name: Date:

Anniversaries:

Name: Date: