

Request Form - Prayer For Healing

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Are you a born again Christian - if so how long?

Where do you attend church?

What types of churches/denominations have you attended in the past?

Are you requesting prayer for yourself or someone else?

If you are requesting prayer for someone other than yourself - who are they and how are you acquainted with them?

If you are requesting prayer for someone other than yourself - did this person request prayer or are you asking on their behalf and on your own initiative?

What are you requesting prayer for? (Or if requesting prayer for another what are they requesting prayer for?)

What are your symptoms? (Or if another person - what are their symptoms?)

Have you seen a doctor? (Or if another person - have they seen a doctor?)

What was doctor's diagnosis?

Do you believe in healing?

Do you believe you will be healed when hands are laid on you?

Wherever you live - whether with family members, roommates, etc - are those people willing to stand with you for the full manifestation of your healing. Do they believe the same things you do regarding healing.

What scriptures are you standing on for your healing?

Are you willing to read materials to bolster your faith to manifest your healing?

**Please let us know your testimony and or praise report.
We give glory to God and keep track of all His abundant answers!!!**

Testimony/Praise Report
