



PRAYER REQUEST FORM

4520 Lucus and Hunt Rd Northwoods, MO 63121
314-367-2314 allsaintsadminasst@sbcglobal.net



Episcopal Church of
**ALL SAINTS AND
ASCENSION**

Caring Reminders List

The name of a *parishioner* who is homebound, sick, shut-in, or simply in need of our prayers, may be submitted on this form. This name will be published on the caring reminders list in the weekly Sunday bulletin, and in the quarterly newsletter. You may submit your own name, or the name of a loved one or friend who is a *parishioner*.

Prayer List

Names of family members or friends who are *not* parishioners who are homebound, sick, shut-in, or in need of our prayers, may also be submitted on this form to be listed weekly in the prayer list of the Sunday bulletin.

Terms

Both lists will be updated as needed every six weeks with the exception of our homebound, sick, and shut-in. At the conclusion of six weeks a new form must be submitted to the office to continue the listing. You are asked to inform the office of any change in status that would require that the name be removed.

Name to be listed _____

Parishioner? Yes No

Person submitting form:

Name _____ Relationship _____

Phone # _____ email _____

Date _____

Version 3



PRAYER REQUEST FORM

4520 Lucus and Hunt Rd Northwoods, MO 63121
314-367-2314 allsaintsadminasst@sbcglobal.net



Episcopal Church of
**ALL SAINTS AND
ASCENSION**

Caring Reminders List

The name of a *parishioner* who is homebound, sick, shut-in, or simply in need of our prayers, may be submitted on this form. This name will be published on the caring reminders list in the weekly Sunday bulletin, and in the quarterly newsletter. You may submit your own name, or the name of a loved one or friend who is a *parishioner*.

Prayer List

Names of family members or friends who are *not* parishioners who are homebound, sick, shut-in, or in need of our prayers, may also be submitted on this form to be listed weekly in the prayer list of the Sunday bulletin.

Terms

Both lists will be updated as needed every six weeks with the exception of our homebound, sick, and shut-in. At the conclusion of six weeks a new form must be submitted to the office to continue the listing. You are asked to inform the office of any change in status that would require that the name be removed.

Name to be listed _____

Parishioner? Yes No

Person submitting form:

Name _____ Relationship _____

Phone # _____ email _____

Date _____

Version 3