



PRAYER LIST REQUEST FORM

Please print clearly

Prayer requested for:

Date:

This person knows that their name and concern will be shared.

Prayer concern:

Requested by:

This person is my:

*Permission to send a prayer note to the individual added to list.
If yes, please provide individual's address below.*

Individual's address:

Please drop this request in the prayer box. This request will remain on the prayer list and with the prayer group for 30 days. Request may be resubmitted at that time if desired.

To request a home or hospital visit, please contact Priest Lisa via email at priestlisa@stjohnsplymouth.org or on her mobile phone at 734-734-0132.