



# ST MICHAEL'S TILEHURST

## PRAYING FOR THE SICK

Name of person: .....

Name of person nominating: .....

Any other relevant information:

e.g. at home / in hospital  
local / distant

other: .....

.....

If local, requires visit?:

Yes	No
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Date request submitted: .....

Length of time nominated person should remain on Prayer list:

One month	Two months	Other (please specify)
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(Tick/Circle as appropriate)

.....

.....

**Please hand this completed form in to the Parish Office  
or to one of the Churchwardens.**

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At roughly two monthly intervals, the list of the people we pray for on the pew notice, will be completely revised. When this happens, you are asked to complete another form if you wish your nominee to remain on the list

If you would like their name removed during this period, please notify the Parish Office or one of the Churchwardens.