

Sick Call/Communion for Sick Request Form 病患圣事申请书
Blessed Sacrament Church 圣体堂

Date / 日期: _____

Name of sick / elderly: 病人/老人的名字 :	
Address (home / hospital [floor, bed, ward] / etc): 地址 (住址/医院【楼, 床, 病房】等) :	
Care giver (usually next-of-kin) 护理人员 (通常是近亲) : Name 名字: _____ Signature 签名: _____	
Contact numbers 电话号码 :	Relationship 关系 :
Specifics of request and other relevant remarks (Prayers / Anointing / Holy Communion / language / etc.) 具体要求及其他有关详情 (祈祷/敷油/领圣体/等)	
Received by 签收人:	Date received 接收日期:
Rector's remarks 神父的备注:	