

Prayer Request Form

St. Thomas the Apostle Catholic Church Prayer Request Form

Bring the completed form to the Parish Office:

St. Thomas the Apostle Catholic Church

Prayer Request

4100 S. Coulter St.

Amarillo, TX 79109

- OR -

FAX the completed form to the Secretary:

FAX: (806) 358-2529

- OR -

Email the completed form to the Social Concerns Ministry

with the subject line as **Prayer Request:**

Email Address: dbanach@stthomasamarillo.org

From Adobe Reader's menu select **File** then select **Send To**

Email Address: dbanach@stthomasamarillo.org

Prayer Request

St. Thomas the Apostle Catholic Church | 4100 S. Coulter | Amarillo, TX 79109

Someone in need of special prayers

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First Name

Last Name

He/She is a: (required)

Parishioner

Non-Parishioner

He/She is: (required)

Sick

Deceased

Other

Other: (please specify)

Date of Death, if applicable

He/She is my (e.g., brother, sister, aunt, etc.) (required)

Your Name: (required)

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First Name

Last Name

I am a: (required)

Parishioner

Non-Parishioner

Email (required)

Please send condolences to:

Additional Notes: