



## Prayer List

Date \_\_\_\_\_

Name of person to be put on the prayer list:

\_\_\_\_\_

Requested by \_\_\_\_\_

Phone number of person making the request \_\_\_\_\_

Do you have permission from the family? \_\_\_\_\_

Would this person like to receive Holy Eucharist? YES NO (please circle)

If YES, please include:

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

*The family WILL BE contacted for a convenient day/time.*

This person will remain on the prayer list for one month unless Lyn Ertle is notified at 908-876-3515 or at [lyn@stlukelv.org](mailto:lyn@stlukelv.org)