

St. Isidore Catholic Community “Prayer List” Request



Information on person to be prayed for:

1. Name of person to be prayed for: _____

2. Address of person to be prayed for: _____

3. Phone number of person to be prayed for: _____

4. Prayers requested for: (circle one)

- a. one week b. two weeks c. one month d. I'll call to remove

5. During the “Prayers of the Faithful” or “General Intercessions” on weekend Masses, a prayer petition will be offered for this person.

6. Persons in nursing homes are eligible for the “Prayer List” if seriously ill or hospitalized.

7. Additional request forms can be found online at www.stisidorecluster.org, at the St. Isidore Catholic Center, or in church.

8. Request forms can be turned in at the St. Isidore Catholic Center or put into the collection basket during Mass.

Guidelines:

Names on the prayer list will be said at Mass and published in the bulletin for the amount of time requested and then removed from the listing. The name can be removed sooner or the weeks extended if requested.

Requests are to be submitted by the person him/herself or with their permission by an immediate family member.

Person making the request takes full responsibility for accuracy of information and permission to place name on the list.

In filling out this form you are taking full responsibility for this request.

Please Print your name: _____

Relationship to above: _____

Your phone number: _____