

Anointing of the Sick:

At any time requested. The Eucharist is taken regularly to our hospitals, nursing homes and shut-ins. Please complete the information below, tear off and place in the collection basket. Please make sure to provide us with their given name not their nickname.

Name of Person in Hospital: _____

What hospital are they in: _____ Room # _____

Your Name: _____ Phone Number: _____