## PRAYER AND HOSPITAL VISITATION FORM

If this is an emergency or life-threatening situation, please call 911!

In need of prayer? We want to know and are waiting to pray with and for you! Be assured your request is taken very seriously and will be kept confidential among those whom you specify.

If your request includes Hospital Visitation, please fill out the optional fields after your request. Visitation is reserved for Mt. Carmel Baptist Church of Baton Rouge members, visitors, and/or the immediate family of Mt. Carmel Baptist Church of Baton Rouge members or visitors.

Thank you for communicating your need with us.

Name:
Phone:
Email Address:
I'm a member of Mt. Carmel Baptist Church of Baton Rouge: Yes No
Share Request With:
<ul> <li>□ Mt. Carmel Baptist Church of Baton Rouge</li> <li>□ Church Visitation Team</li> <li>□ Church Staff</li> <li>□ Church Leadership</li> </ul>
Request:

Website: mtcarmelbtr.com | Email: mtcarmelbtr5262@gmail.com Dr. Andra Johnson, Pastor

Patient's Name:
Patient's or Contact Phone:
Sickness:
Hospital Name:
Room#:
Date of Admission:
Patient is a member of Mt. Carmel Baptist Church of Baton Rouge: Yes No Not Sure