



HOPE PRAYER REQUEST FORM

(Please PRINT. Include an address so the Sunshine Committee can send a card. Give this form to an usher or Elder **before** the service.)

NOTE: All prayer requests will remain on the Altar Prayer list for two weeks. Call the church office with updates or to continue the request.) [Updated 7-15]

DATE: _____ **NAME OF PERSON TO BE PRAYED FOR:**

RELATIONSHIP TO OUR HOPE FAMILY (i.e. member, relative of member, friend of member, etc.)

ADDRESS OF PERSON PRAYED FOR:

**PRAYER
REQUEST:** _____

PRESENTLY IN HOSPITAL? Yes _____ No ____ Which hospital?

If Yes, how many more days hospitalized? _____

Fill in and attach to email back to:

hopelutheranwarren@comcast.net