

FIRST MORAVIAN PRAYER MINISTRY

INITIAL CONTACT INFORMATION

Prayer requested for: _____ Date: _____

Prayer Concern (describe condition):

Request made by: _____ Relationship: _____

Requester contact information _____

Type Member Member family Non-member

Report communication limitations (what to share / what not / with whom):

Confidential pastor only Prayer chain only Bulletin / congregation

Length of time active in bulletin, etc. _____

Contact Information (for non-member) Street, Town/State/Zip, Phone number:

Requested: Pastor visit Call Prayer **Date closed:** _____

Specific need:

FOLLOW-UP

Date By Action / Closure status
