

**FIRST MORAVIAN PRAYER MINISTRY**

INITIAL CONTACT INFORMATION

Prayer requested for: \_\_\_\_\_ Date: \_\_\_\_\_

**Prayer Concern (describe condition):**

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Request made by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Requester contact information \_\_\_\_\_

**Type** Member  Member family  Non-member

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

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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:

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**Requested:** Pastor visit  Call  Prayer  **Date closed:** \_\_\_\_\_

**Specific need:**

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FOLLOW-UP

Date By Action / Closure status

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