

APPLICATION FOR SACRAMENT OF ANOINTING OF THE SICK

This form is to be filled by next-of-kin of the patient requesting for the sacrament of the Anointing of the sick.

Name of Patient : _____ Baptism Name:

Age of Patient : _____ Illness : _____

Residential address of the patient:

Patient currently at: Home OR Hospital Others: _____

Church attended by the patient : _____

Place of Baptism of the patient: _____

Date of Baptism : _____

Baptism Certificate submitted

The last time received the Sacrament of the anointing (*if any*): YES NO

Sacrament administered by Rev. Fr _____

At _____

Particulars of the next-of-kin

Name : _____

Religion: _____

Address : _____

Contact number:

APPLICATION FOR HOLY COMMUNION FOR HOME BOUND PARISHIONERS

Name of Parishioner : _____ Baptism Name:

Age of Parishioner : _____ Illness (if any) : _____

Residential address of the Parishioner: _____ Contact number:

Patient currently at: Home OR Hospital Others: _____

Church of the Parishioner : _____

Place of Baptism of the Parishioner : _____

Baptism Certificate submitted (one time only)

Particulars of the next-of-kin

Name : _____

Religion: _____

Address : _____

Contact number: