



Holy Trinity Lutheran Church

Prayer Request

Please Pray For: _____

Reason: _____

Check one:

- Long term illness/health-related (3 - 6 months)
- Short term illness/health-related (2 months or less)
- Other (gratitude, wedding, birth, anniversary, death, etc.)
- Shut-in/Home Bound

Address: _____

(Please provide an address if you would like the Prayer Group to send a card).

Requested By: _____ **Phone:** _____

Relationship: *(to person for whom prayer is requested)*

Check one:

- You have my permission to include my name on the published prayer list.
- My request is confidential – do not publish my name.

****You may put this form in the offering plate, or give it to the Pastor upon exiting. It can also be mailed to the Church office at 813 Wyoming Avenue, Kingston, PA 18704.**