

Prayer Request Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

*If treatment is not for you, please fill in the information below for whom the treatment is requested for:*

Their Name: \_\_\_\_\_

Their Address: \_\_\_\_\_

Their City/State/Zip: \_\_\_\_\_

***All treatment Requests are Held in Strict Confidence***

This Prayer Request is for:

Health: \_\_\_\_\_

Prosperity: \_\_\_\_\_

Self-Expression: \_\_\_\_\_

Relationships: \_\_\_\_\_

Peace of Mind: \_\_\_\_\_

I would like to see the following results:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Love Offering Accepted: \$ \_\_\_\_\_