



Holy Innocents Catholic Church

Weekly Communion & Home Visitation Request

For the Sick and Elderly / Homebound

DATE: _____

TIME: _____

NAME OF PARISHIONER: _____

AGE: _____

LANGUAGE: ☐ English ☐ Spanish ☐ M / ☐ F

Registered Member of Parish: ☐ Yes ☐ No

REQUESTING:

☐ COMMUNION ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Other _____

☐ HOME VISITATION ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Other _____

REASON: ☐ Disabled ☐ Bedridden ☐ Hospice

Additional Request:

___ *Anointing of the Sick* or Priest Visitation ___ Add to the Prayer Sick List (Bulletin) ___ Add to the Intercessory Prayer (Mass)

PERSON REQUESTING: _____

RELATIONSHIP TO PATIENT: ☐ Parish Priest ☐ Chaplain ☐ Wife ☐ Husband ☐ Family Member

☐ Other _____

TELEPHONE NUMBER: _____ ☐ Home ☐ Cell

PATIENT IS CURRENTLY AT:

☐ Hospital: ☐ Saint Mary's (Hwy18 / Apple Valley) ☐ Victor Valley (Verde/Hesperia Rd.) ☐ Desert Valley (Bear Valley Rd.)

Other: _____ Room: _____

☐ Nursing Home: ☐ Knolls West ☐ Sterling Commons ☐ Sierra Vista Independent & Assisted Living

Other: _____ Room: _____

☐ Private Home

Address: _____

COMMENTS: _____

REQUEST TAKEN BY: _____

RESPONDING MINISTER: _____ DATE: _____

TIME: _____ AM / PM ACTION TAKEN: _____

RESPONSE RECORDED IN PARISH RECORDS BY: _____