

# College of Preventive & Pastoral Care

## Pastoral Care Information Form – Prayer

Please let us know of any of the below requests so we can prepare adequately to have your request carried out successfully. Kindly insert your name, fill out the form and submit either by hand, post, fax or by email with the relevant information. Tick against your request and fill accordingly and we shall contact you immediately we receive your form for an action plan. Your stated date or time may change due to program clash or divine revelation. However, we would by God's grace try to meet up.

<b>Name</b>				
<b>Address</b>				
<b>Department in Church</b>				
<b>Mobile</b>				
<b>Email</b>				
<i>Church details for submission of form as instructed above</i>				
<b>Hand-in submission</b>		Pastoral Care Centre, Fountain Pastoral Academy		
<b>Church Email</b>		<a href="mailto:Pastorate@fountaofpeace.org">Pastorate@fountaofpeace.org</a>		
<b>Church Postal Address</b>		Pastoral Care Services. Fountain of Peace Ministries, 3 Staffa Road, Off Argall Avenue Leyton, London E10 7PY		
<b>Church Fax &amp; Phone</b>		Fax: 02085567943		Phone: 02085569295
S/N	Request	Description	Date/Time	Location
1.	<b>Home visitation prayer for the sick/Peace</b>			
2.	<b>Hospital/ Prison visitation prayer</b>			
3.	<b>Prayer request for self</b> (Location could be FOP or in your home)			

*Thank you for your assistance and God bless you – Fountain.*