Prayer Request or Update Referral Form

(You may complete and email to [fbcelkin@gmail.com](mailto:fbcelkin@gmail.com) or return a completed form to the church.)

Prayer requested/updated for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Circumstance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Relationship of this person/family/situation to First Baptist Church of Elkin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Has this ***individual*** given permission for release of this information by the methods checked below?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No (Check One)

Has the ***family*** given permission for release of this information by the methods checked below?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No (Check One)

Permission to release by the following method(s) (check by all appropriate):

\_\_\_\_\_\_ Weekly church printed and distributed prayer list

\_\_\_\_\_\_ Church emails

\_\_\_\_\_\_ Church phone prayer chain

\_\_\_\_\_\_ ***Hospitalizations, pending surgeries, and deaths*** to be announced in worship

(at times this would be on air through WIFM)

\_\_\_\_\_\_ To Ministers ONLY

Additional notes/information (contact info; name of hospital/nursing home; age of a child; etc.):

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

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***Referring Person:*** If it becomes no longer necessary to keep this request on our prayer list, would you please contact the church office.

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

Person making referral Date Phone number