

I AM A CHRISTIAN



I wish to have access in hospital to
a Christian chaplain

Name (Preferred Name)

Ward Name

Signed

Optional Info:

Home Post Code

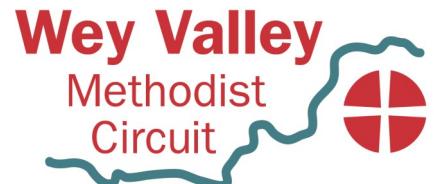
Next of kin name and contact details

.....
My local Methodist church is

My minister's phone number is

Praying for you

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