

Pastoral Care Request for the Sick and Aged

Surname of person requiring pastoral	
care	
First name/s	
Age	
Religion	
Current address of residence where	
pastoral care visits are required i.e.	
home, hospital, aged care facility	
Phone Contact	
Type of pastoral care offered	Anointing of the Sick Holy Communion Transport to Sunday Holy Mass Mundaring Vigil 6:00pm 9:15am
	, Chidlow 7:30am □
	'Adopt a Family' Visit □
	Other
Where visits are required, how	
often? e.g. weekly, monthly	
Commencing when?	
English speaking?	Yes/No If 'No' Which Language?
Name of nearest relative or carer	
Phone contact	
Name of person making this request	
Phone contact	
Comments: e.g. hearing impaired, sight	impaired, directions for finding the address of residence
When you have completed this form either hand it to Deacon Paul or Fr Dom or email to: sacredheartdeacon@westnet.com.au	
sacredheartpriest@westnet.com.au	