**Prayer Requests**

If the prayer request is for someone other than yourself, please inform him/her that you are submitting a prayer request on his/her behalf and that they have agreed for you to share the details of request with the intercessors of Church of Praise.

Please let us know when your prayer requests are answered. You may submit a testimony of how God changed your situation or your friend’s situation. Write to admin@churchofpraise.org.sg

**Please Read Before Submission**

In line with the Personal Data Protection Act 2012, by submitting this form, I hereby give my consent to Church of Praise (‘CP’) to collect, use and disclose my personal data for the purposes of facilitating and contacting me regarding my request(s) via calls, text messages, post and emails.

I am aware that I may update the personal data and/or withdraw the consent provided by me at any time by contacting admin@churchofpraise.org.sg

Prayer request if for

* Myself
* Someone else

Type of Prayer Request

* Medical
* General

**My Particulars**

Name:

Mobile:

Prayer Request:

**Prayer request on behalf of someone**

How is this person related to you?

* Family Member (State relationship)
* Friend / Colleague
* Others – Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is he / she a follower of Jesus: Yes / No

Is he / she a member of CP: Yes / No

**His / Her Particulars**

Title: Mr/Miss/Ms\*

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male / Female\*

Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: Single/Married/Separated/Divorced\*

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify Prayer Need

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

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Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ward Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_