



SAINT MARY'S OF THE DIVINE MERCY CHURCH

Rector: Fr. Paul Chee

Jalan Awang Ramli Amit,

P.O. Bos 421, 96007, Sibul

Tel: 084-332100 (O), 084-316844 (F), H/P 016-868 3228

CONFESSION, ANOINTING & HOLY COMMUNION for house-bound Sick Parishioner(s)

I, _____ Tel: _____

would like to request (*Please tick whichever is appropriate*)

Holy Communion

Confession

Anointing

For myself / the following sick house bound parishioner (please fill in as much as possible)

Full name: _____

NRIC No: _____ Date & Place of Birth: _____

Address: _____

Tel. No: _____ (H), _____ (Hp)

Baptism Details

Date & Place of Baptism: _____

Minister: _____ Godparent / Sponsor: _____

If married

Name of spouse: _____

Church Marriage Date: _____ Place of marriage: _____

Marriage blessed by: _____

Preferred day (please circle): Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday

At time: _____ am / pm

Yours sincerely,

Date: _____

OFFICE USE ONLY

Communion Minister: _____

Case No: _____

Remark: _____