

Application for Absent Healing

Date: _____

Patient's Surname: Mr/Miss/Mrs/Ms _____

First Name(s): _____

(if pronunciation is likely to cause difficulty, please give phonetic pronunciation of name)

Approximate age: _____ Is the patient receiving medical treatment? YES/NO

Person to whom correspondence is to be sent:

Mr/Mrs/Miss/Ms _____

Address: _____

_____ Post code/Zip: _____

Please note: if you are requesting healing for someone other than yourself, please confirm with a tick here that they wish to receive it: _____

If correspondence is to go to them, please write your name and address below:

Mr/Mrs/Miss/Ms _____

Address: _____

_____ Post code/Zip: _____

Symptoms or complaint: _____

Please use space on the reverse of this form to continue, if needed.

I enclose a stamped, self-addressed envelope and/or a donation to help maintain the healing work.

Thank you.