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 ☐ (please specify)_____
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

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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