**MEMBER’S NAME: DATE:**

**Member Address:**   **City/State/Zip:**

 **Phone #: Cell #:**

**Relationship to Member:**

 **(Ill) Person Name:**

**(Ill) Person Address:**

**Contact Person: Hospitalized :**

***Name of Hospital:***

**Address of Hospital: Hospital Phone#:**

**Admitted:**

**Comment:**

**Key People Notified:**

**Pastor Freeman, Sr. Pastor \_\_\_YES**

**Chairman of Deacon Ministry \_\_\_YES**

**Minister of Alphabet \_\_\_YES**

**Deacon of Alphabet \_\_\_YES**

**Because We Care /In touch Ministry (Card Person) \_\_\_YES**

**Because We Care/In touch Ministry (Flower Person) \_\_\_YES**