**MEMBER’S NAME: DATE:**

**Member Address: Phone #:**

**Relationship to Member: \_\_\_ Surgery**

**Surgery Date: Surgery Time:**

**\_\_\_\_Admitted to Hospital \_\_\_\_Out Patient**

***Name of Hospital/ Surgical Clinic:***

**Room #:**

**Phone #:**

**Address of Hospital/ Surgical Clinic:**

**Comments:**

**Key People Notified:**

Pastor Freeman, Sr. Pastor \_\_yes

Sr, Care Minister \_\_yes

Alphabet Deacon \_\_yes

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

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