**Please can I be seen by a Christian Chaplain.**

While I am in hospital, I would like to be visited by the Christian Chaplain.

My details are as follows.

|  |  |
| --- | --- |
| **My Name** |  |
| **Parish Church****(if applicable)** |  |
| **Next of Kin Name** |  |
| **Next of Kin Contact details** |  |
| **Signature** (by signing this form you are providing your consent to be contacted by a hospital chaplain) |  |



*We pray to be generous and visible people of Jesus Christ*

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