IMMACULATE CONCEPTION CHURCH

25 Parker Street
Indian Orchard, MA 01151
Telephone: 413-543-3627 **Email: http:ioicc.org**

REQUEST FOR ELDERLY, ILL, SHUT-IN ASSISTANCE

If you know of a parishioner who is ill, homebound, or in need of help, please fill out this form and drop it off at the sacristy or rectory, or mail it to us at the above address. All information will be held in the strictest confidence.

PLEASE PRINT.

Name: _____
First Name **Middle Initial** **Last Name**

Address: _____
Street Number and Name **City** **State** **Zip**

Telephone: _____

Please check all that apply:

[ ] Sick **[ ] Would like Communion** **[ ] Needs Sacrament of the Sick**

[ ] Elderly **[ ] Would like visits from a priest** **[ ] Needs assistance getting to church**

[ ] Include person's name in the Prayers of the Faithful

[ ] At home - address as above

[ ] In the hospital. Hospital name: _____

Hospital address & room number (if known): _____

_____

[ ] In a nursing home - facility name: _____

Facility address & room number (if known): _____

_____

[ ] Other (please describe): _____

Requested by: _____ _____
Print Name **Telephone**

_____ _____
Signature **Date**

Your relationship to person: _____
Are you a family member, friend, or neighbor?

E-mail address: _____