**REQUEST FOR PRAYER**

Full name of the person

......................................................................

Address

………………………………………………………………….

………………………………………………………………….

Tel No: ……………………………………………………..

It is essential that when you ask for prayer you continue to inform us of their progress.

**VOLUNTEERING**

I would like to help with the sick and housebound of the Parish through visiting

Name …......................................................

Address ………................................................

I would be interested in helping as:

Parish visitor \_\_\_\_\_\_\_\_

Hospital visitor \_\_\_\_\_\_\_\_

Offering occasional transport \_\_\_\_\_\_\_\_

**PRAYER**

All powerful and ever living God, the lasting health of all who believe in you, hear us as we ask your loving help for the sick: restore their health, that they may again offer joyful thanks in your Church

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Please return your completed form to:

Guardian Angels House,

Kitsland Road,

The Parish Secretary

Shard End,

Birmingham

B34 7NA

 Tel (0121) 747 2873

E-mail address:**guardianangels2011@hotmail.co.uk**

Parish office opening times:

Monday, Wednesday, Friday

10.00am – 1.00pm

 ***If you have any questions – we are happy to help***

![MC900304985[1]]()

*These Parishes are part of the Archdiocese of Birmingham*

*Registered Charity No.234216*

**Parish of**

**Mother of God and**

 **Guardian Angels**

**And**

**St. John The Baptist**

 **Rev Michael Bonaccorsi**



**MINISTRY OF THE SICK & HOUSEBOUND**



**Parish of**

**Mother of God & Guardian Angels**

 **&**

**St. John The Baptist**

**Contact the Parish Office on 0121 – 747- 2873**

**HOSPITALISATION**

**Each NHS Hospital has a Chaplaincy. Our parishes are served by Father Roger Raven at Heartlands Hospital and also at Solihull Hospital. Please contact him at roger.craven@heartofengland.nhs.uk or tel. 0121 – 424 - 1369. These days it is very easy to be in hospital and be overlooked. Please let the parish know before you are admitted, if possible, or immediately after. When in hospital insist that your name is passed onto the Chaplaincy.**

**HOUSEBOUND**

**Please also advise the parish if and when a member of the family or a friend becomes housebound**

**In the Pastoral letter of St. James he wrote:**

*“If people are ill, then they should send for the elders of the Church, who will anoint them with oil in the name of the Lord and pray over them. The prayer of faith will save the sick person, the Lord will raise them up again; and if they have committed any sins they shall be forgiven*

While the Parish tries to be vigilant, it is the sick or housebound person, or someone close, who should alert the Church and ask for care. The care comes in many ways. We pray for the sick and housebound every weekend. Parishioners will bring them Holy Communion and the Priest anoints them and brings them healing and absolution in the Sacrament of the Sick. However, to do this we must know that someone is sick or housebound and have their permission to do so.



* Form and return to the parish secretary, details overleaf.
* Book your Baptism date and location with the parish secretary.
* On the second Sunday of the month, parents and Godparents attend 10am Mass at Guardian Angels Church for the Welcome ceremony, which is followed by a meeting with the Parish Catechist.

* baptised here, written*

**INFORMATION ABOUT THE SICK OR HOUSEBOUND**

**Name ……………………………………………………………….**

**Address…………………………………………………………….**

**…………………………………………………………………………**

**Tel No……………………………………………………………….**

**What is the best time for telephoning or calling?**

**………………………………………………………………………….**

**Consent to be put on the Parish Sick List**

***(The sick list is published in the Parish’s Weekly Bulletin and is available on line through the Parish website and is also emailed out to those who ask for it)***

**Yes/No *(Please circle)***

**Consent given …………………………………………………….**

***(and that the fact that I am unwell can be referred to in any Mass intention for me.)***

**If Consent obtained by someone other than the person to be included on the sick list, please supply**

**Name……………………………………..……………..…………**

**Contact details………………………………………….………**

***And that they are happy for any Mass intention to refer to the fact that they are not well***

**IN CASE OF HOSPITALISATION:**

**Which Hospital………………………………………………….**

**Ward…………………………………………………………………**

**Visiting From………………..…Until…………………………**

**Are Sacraments required:**

**Anointing………………………………………………………….**

**Reconciliation (Confession)……………………………….**

**Eucharist (Holy Communion)………………………….…**