



# FREEDOM CHURCH

516 Production Street, Ste. 200  
Aberdeen, SD 57401  
(605) 725-0777

## HOSPITAL/ILLNESS FORM

Please complete the Hospital/Illness Form and submit to the Freedom Church office. **All forms must be submitted as promptly as possible to ensure timely processing.** Once the form has been processed, you will be contacted by a Freedom Church staff person.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address (do not give a PO Box #) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Other \_\_\_\_\_

Name of Person in Hospital or With Illness  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hospital/Room Number (if applicable)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am requesting:

- Visitation
- Prayer
- Phone Call
- Meals
- Other: \_\_\_\_\_

*Office Use Only:*

\_\_\_\_\_ Approved  
\_\_\_\_\_ Not Approved

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*