

# CONFESSIO N FORM

*Revised July 1, 2020*

TODAY'S DATE \_\_\_\_\_ TIME \_\_\_\_\_

REQUESTOR'S FULL NAME \_\_\_\_\_

PHONE# \_\_\_\_\_

## TO HEAR CONFESSIO N AT

AT THE CHURCH OFFICE

HOSPITAL/CONVALESCENT HOME/CARE RESIDENT/HOUSE

ADDRESS \_\_\_\_\_

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## SPECIAL INSTRUCTIONS

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