



Valley Kingdom Ministries International

HEALING & MENDING

Information/Notification Form

Prepared by: _____ Date _____

PERSON WHO IS HEALING & MENDING

Name: _____ Member? Yes _____ No _____

Healing: Home _____ Hospital _____ Telephone #: _____

Address: _____ City: _____ Zip _____

Email: _____

PERSON REPORTING HEALING

Name: _____ Member? Yes _____ No _____

Telephone #: _____ Email: _____

Address: _____ City: _____ Zip _____

HOSPITAL INFORMATION

Name of Hospital : _____ Phone: _____

Address: _____ City: _____ Zip _____

Room: _____ Bed _____

<u>Notify</u>	<u>Date</u>	<u>Spiritual Leader Contact</u>	<u>Date</u>
Pastoral Care _____	_____	_____	_____
Tephillah Ministry _____	_____	_____	_____
Email _____	_____	_____	_____
Card from HDW _____	_____	_____	_____
Card from MAT _____	_____	_____	_____