



PASTORAL MINISTRY

FOR THE SICK



申请表 **APPLICATION FORM**

我愿意出列为病人牧灵服务 *I would like to offer my service in the ministry of the sick.*

姓名 NAME _____

地址 ADDRESS _____

电话 TEL 住家 Home _____ 手机 Mobile _____

办公处 Office _____ 传真 Fax _____

年龄 AGE _____ 性别 SEX _____

婚姻状况 MARITAL STATUS _____

e.g. single, married, widowed, divorced, polygamous, polyandrous 例: 单身, 已婚, 寡妇, 鳏夫, 离婚, 重婚

已在那间教堂结婚 CHURCH OF MARRIAGE _____

职业 OCCUPATION _____

e.g. job, retired, unemployed, housewife, etc... 例: 在职, 退休, 失业, 家庭主妇.....

语言 LANGUAGES / DIALECTS

a) 语言表达 spoken _____

b) 能以那种语言祈祷 able to pray in _____





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堂区居家教友病况简报

REPORT ON HOUSEBOUND PARISHIONERS

填表日期 Date of Report _____

病者姓名 Name of Housebound person _____

病者住址 Address of Housebound person _____

病者电话 Telephone of Housebound person _____

病者年岁 Age _____ 性别 Sex _____

病者的婚姻状况 Marital Status _____

e.g. single, married, widowed, divorced, polygamous, polyandrous 例: 单身, 已婚, 寡妇, 鳏夫, 离婚, 重婚

已在那间教堂结婚 Church of Marriage _____

语言表达 Languages / Dialects Spoken _____

病者自何时未能外出 Unable to go out since _____ / _____ / _____
日期 day / 月份 month / 年份 year

所患病症 The kind of illness _____

病况为何 Condition _____

e.g. mobile, bedridden, senile, coma, unable to eat and drink, on drip ...

尚能行动, 卧床不起, 年老痴呆, 昏迷不醒, 不能进食,

填报者资料 THE PERSON MAKING REPORT

姓名 Name _____

地址 Address _____

电话 Tel _____

与病者关系 Relationship to the Housebound person _____

