

Sick Calls / Home Visit

Posted by: _____

Date: _____ Time: _____

Sick Person's Name: _____

Caller's Name: _____ Relationship: _____

Phone Number: _____

Location: Home Hospital Care Home

Address: _____

Room Number: _____

Phone Number: _____

Is the person baptized Catholic? Yes No If no, what religion? _____

Church/Parish of Affiliation _____

Is the person requesting a Priest or Deacon? Priest Deacon

Is the person actively dying? Yes No

Is the person conscious and responsive? Yes No

What Sacraments have been requested? Confession Communion Anointing Visit

Is the person COVID-positive or has a communicable disease? Yes No

Special Notes:

FOR PRIEST/DEACON USE ONLY

Sacraments Given: Confession Communion Anointing

Visit completed by: _____

Date: _____

Notes:

PLEASE PUT COPY OF THIS FORM IN FILE UNDER "SICK CALLS."