

To the Catholic Chaplain

Please use block capitals apart from signature

HOSPITAL

FULL NAME OF PATIENT

.....

NAME/NUMBER OF WARD (IF KNOWN)

.....

DATE OF ADMISSION.....

During my stay in the hospital I wish to be visited by the Catholic Chaplain

Signed by the person going into hospital

Date.....

Alternatively if the patient is unable to sign.

During my stay in hospital I wish my relative to be visited by the Catholic Chaplain to the hospital and any person authorised to minister to Catholic Patients.

Signed by a family member

.....

Date.....

Relationship to Patient.....

To the Nursing Staff

Please use block capitals apart from signature

FULL NAME OF PATIENT

.....

DATE OF ADMISSION.....

The patient wishes to be visited by the Catholic Chaplain to the hospital and any person authorised to minister to Catholic patients

Signed by the patient

.....

Date.....

Alternatively if the patient is unable to sign.

During my stay in hospital I wish my relative to be visited by the Catholic Chaplain to the hospital and any person authorised to minister to Catholic Patients.

Signed by a family member

.....

Date.....

Relationship to Patient.....