

PRAYER REQUEST FORM

MACEDONIA BAPTIST CHURCH

2455 Benton Blvd

Kansas City, MO. 64127

John L. Brooks, M.Div. Pastor

Dr. Antoine Richardson, Youth Pastor

Preston Allen Jr., Pastor Emeritus

Rejoice in hope, be patient in suffering, preserver in prayer.” Romans 12:12

Date Submitted: _____

Name of person needing prayer:

First Name _____ Last Name _____

Address _____

Would you like to be contacted by phone: _____ Best time to be contacted: _____

Phone Number (day time) _____ (evening) _____

Your relationship to person: (circle one)

- Family Member
- Co-Worker
- Friend / Neighbor
- Member / Attendee
- Other _____

Request is for: (circle one)

- Health & Healing
- Military
- Grief
- Spiritual Guidance
- Incarceration
- Relationships
- Surgery
- If Surgery : Date _____ Time _____ Hospital _____

Pray Specifically for: Please Print:

Name of Person making pray request:

First Name _____ Last Name _____ Phone Number _____

PLEASE NOTE: Items submitted to the prayer list will be published for 4 weeks unless situation is:
(circle one) Long Term or Permanent

**Your Prayer Request will be given to the Ministers and Deacons on call and Pastors Prayer Team
Macedonia will make every effort to contact each individual**

