

St. John Berchmans' Church
Home Blessing Ministry

ENGLISH REQUEST FOR HOME BLESSING

Date Submitted: _____

Name: _____

Address: _____ Zip Code: _____

Number of family members: _____(including children)

Home Phone Number: _____ Other Phone Number: _____

I (we) prefer to have our home blessed on a weekday:

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

I (we) prefer to have our home blessed on a weekend: Sat. ___ Sunday ___

I (we) prefer to have our home blessed in the: Morning _____ Afternoon _____

† Special situation(s) mentioned by family:

† Pastoral needs/concerns expressed by family:

† Family expressed an interest in the following ministries:

Team Members Assigned: _____

Date Home Blessing Completed: _____