

**PRAYER AUTHORIZATION FORM – PUBLISHING IN PARISH BULLETIN**  
**Signature needs to be that of the person whose name is to be published in the bulletin.**  
**Two Exceptions: Parents can sign for a child under the age of 18 OR**  
**if you have Power of Attorney you may sign for the individual as POA.**

I, \_\_\_\_\_, hereby give permission for  
St. Joseph Parish - Grafton, WI to publish my name in the weekly parish bulletin in the  
designated “Remember To Pray For” column from

\_\_\_\_\_ to \_\_\_\_\_  
(Start Date - Required) (End Date\* – Required)

**\*NOTE: End date can only go out 6 months from start date. New form will be required  
each 6 months if name is to continue to appear in parish bulletin.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Yes / No) I would like a Minister of Care member to bring me communion. You may  
contact me to make arrangements by calling \_\_\_\_\_.**