

**Healing Rooms of Hopkins County**

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| **PHONE PRAYER REQUESTS** |
| NAME | PHONE | DATE |

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| Requested by (if not named person) |
| Prayer Request |
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**Healing Rooms of Hopkins County**

**Prayer Ministry Team Confidential Notes**

Date\_\_\_/\_\_\_/\_\_\_ Prayer Team initials\_\_\_/\_\_\_/\_\_\_ Leader’s Name \_\_\_\_\_\_\_\_\_\_\_

Comments / Prayed For\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date\_\_\_/\_\_\_/\_\_\_ Prayer Team initials\_\_\_/\_\_\_/\_\_\_ Leader’s Name \_\_\_\_\_\_\_\_\_\_\_

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