

This side to be given to your Parish Priest



The Catholic communities in
Southampton and the Waterside

Full name of patient _____
(BLOCK CAPITALS please)

Circle which hospital the patient is going to

- | | | |
|----------------------|-----------------------|-----------|
| Princess Anne | Southampton General | Nuffield |
| Countess Mountbatten | Marchwood Priory | Moorgreen |
| Royal South Hants | Western Hospital | Lymington |
| BUPA Chalybeate | Other (specify) _____ | |

Name / number of ward _____ (if known)

Date of admission _____

I wish to be visited by the Catholic Chaplain or the priest of the parish

Patient's signature _____

Date _____

Or if the patient is unable to sign: I wish my relative to be visited by the Catholic Chaplain to the hospital or the priest of the parish.

Relative's signature _____

Date _____

Relationship to patient _____

This side to be given to hospital nursing staff on admission



The Catholic communities in
Southampton and the Waterside

Full name of patient _____
(BLOCK CAPITALS please)

The patient named above is a **Roman Catholic**. Please ensure that he/she is registered as such.

The patient wishes to be visited by and receive spiritual care from the Catholic Chaplain or his representative to this hospital.

Please could you arrange this by following the procedures laid out at your hospital, or by contacting the Southampton University Hospitals Trust Chaplaincy Team can be contacted on 023 8079 6745 (answering machine available outside office hours).

I wish to be visited by the Catholic Chaplain or the priest of the parish

Patient's signature _____

Date _____

Or if the patient is unable to sign: I wish my relative to be visited by the Catholic Chaplain to the hospital or the priest of the parish.

Relative's signature _____

Date _____

Relationship to patient _____