Widow's Request for Care

The desire of the Pastoral Care Ministry of Houston's First Baptist Church is to assist the body of Christ in fulfilling the directives of Scripture to care for the widows of the church. (James 1:27). When a widow who is an active member of HFBC wants to request assistance for a valid need, she must submit a written request to Pastoral Care Ministries where it will be considered and processed.

Different organizations of the church, such as Life Bible Study departments, Women's and Men's Ministries, Singles groups or the Deacons who have volunteered will be asked to help meet your need. Please complete the form below and explain the type of need or help you are requesting and why. We will evaluate the ability of our volunteers to assist you and coordinate the process to ensure that there is proper follow-through. We can only accomplish those things that the Lord leads our members to volunteer to do. Our utmost priority is your well-being and sense of security. Please be patient as we serve as the Lord's hands and feet.

Submit this form to Pastoral Care by email: Peggy.Jones@HoustonsFirst.org or Sherry.oradat@houstonsfirst.org by phone to 713/957-6764 or by fax to 713/957-6768.

Name _____

Address _____

Home Phone #_____ Cell Phone _____

Email address _____

Life Bible Study Class _____

Person to Contact in Case of an Emergency _____

Phone Number_____

(Relationship): _____

PLEASE SEE PAGE 2 ON THE BACK

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Name_____

Address _____

Home Phone #_____ Cell Phone _____

Email address _____

Life Bible Study Class _____

Person to Contact in Case of an Emergency _____

Phone Number_____

(Relationship): _____

_____Home organization/Decluttering

_____Someone to check on me periodically

_____Training in order to watch HFBC church serves via webcast

_____To be ministered to by the Homebound Ministry

_____Help with preparing legal documents (power of attorney, living will, Emergency Contact Record, Medical Directives and Wills)

_____Minor home repairs, please give details:

_____Car Care Clinic:

_____Other:

COMMENTS:

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