

EXPRESSION OF INTEREST FORM

END OF LIFE CARE MINISTRY

PLEASE FEEL FREE TO TAKE A FORM AND THINK OVER YOUR RESPONSE
BEFORE SUBMITTING IN SUBSEQUENT WEEKS



I want to know more about the Catholic understanding of End of Life Care and facilitate learning in this area. I am interested to act as a resource in our parish / area for people who have questions about it *

NAME	
PHONE	
EMAIL ADDRESS	

* Please note this is not a commitment, merely an expression of interest form. Your name will be added to a mailing list for the forwarding of further information when the "End of Life Care" ministry course is developed.

The information gathered on this form will not be used for any other purpose. It will be necessary, however, for the parish office to forward your contact details onto the Bishop's Office for when the "End of Life Care" ministry course is developed.

PARISH OFFICES: Please scan and email completed forms to the Bishop's Office in your diocese