



**St. Matthew**  
United Methodist Church

# Visitation Request Form

**For immediate requests please call 480-838-7309.**

**About the Requester**

Today's Date: \_\_\_\_\_

Requester's Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate Contact to Requester Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Details of Visitation Request:**

Reason for visitation request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please mark 'X' to select the type of visit you are requesting:

Selected:

- In Hospital      Name of Hospital: \_\_\_\_\_  
Room #: \_\_\_\_\_ Hospital Address: \_\_\_\_\_
- Going into Hospital      Date/Time going in: \_\_\_\_\_ Time of Surgery: \_\_\_\_\_  
Name of Hospital: \_\_\_\_\_
- In Care Facility      Facility Name: \_\_\_\_\_  
Facility Address: \_\_\_\_\_
- Out Patient Surgery      Location: \_\_\_\_\_
- Pastoral Phone Call      Phone Number: \_\_\_\_\_
- Pastoral Call      Location: \_\_\_\_\_

Special Requests/ Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE EMAIL COMPLETED AND SIGNED FORM TO: [OFFICE@STMATTHEWMESA.ORG](mailto:OFFICE@STMATTHEWMESA.ORG)**

*May also drop off in person during office hours or fax to 480-838-7354*

*or mail to: 2540 West Baseline Rd. Mesa, AZ 85202*

**OFFICE USE ONLY**

Date Received:  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contacted Pastor

Contacted Requester

Scheduled Visit