



Department of Spiritual Care
3000 New Bern Avenue
Raleigh, NC 27610

APPLICATION FOR PASTOR'S VISITATION PERMIT

Application Approved: YES ___ NO ___
Date of Approval: _____

NAME: _____ TITLE: _____ DATE: _____

HOME ADDRESS: _____ PHONE: _____
(STREET) (TOWN) (ZIP+4)

EDUCATIONAL BACKGROUND (Brief Description): _____

DATE AND PLACE OF ORDINATION: _____

CHURCH(ES) YOU PRESENTLY SERVE:

Table with 5 columns: NAME OF CHURCH, STREET, TOWN, ZIP+4, PHONE. Rows 1 and 2.

How many resident members are in your church(es)? 1. _____ 2. _____

Are you a resident pastor (live within 50-mile radius of the hospital)? YES _____ NO _____

Full-Time Pastor? YES _____ NO _____ Do you derive a major portion of your financial support from the ministry? _____

Are you replacing another minister? _____ If yes, complete the following:

His/Her Name: _____ Has he/she moved out of town? _____

Has he/she been assigned another church in the area? _____

Complete Name of Denomination: _____

Denominational Headquarter's Address: _____

Denominational Executive Leader: _____ Phone: _____

I WILL ABIDE BY THE RULES AND REGULATIONS FOR PRIVILEGES OF PASTORAL VISITING IN WAKEMED.

Signature of Minister Applying for Privileges

CERTIFICATION: To be completed by your Official Board Chairperson or Lay Denominational Leader.

This is to certify that _____ is an Ordained Minister and serves _____
(Minister's Name)

_____ and is hereby authorized by this church to participate in the privileges
(Name of Church)

extended to pastors by WakeMed.

Signature of Official Board Chairperson/
Lay Denominational Leader: _____

Print Name: _____

Address: _____ Phone: _____