



**The White Eagle Lodge  
Church of Saint John and Retreat Center**

P.O. Box 930, Montgomery, TX 77356  
www.whiteaglelodge.org  
936-597-5757

**ABSENT HEALING APPLICATION** (Confidential)

**BLOCK CAPITALS, PLEASE**  
**PATIENT**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

DATE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Has a doctor been consulted? \_\_\_\_\_

If the healing is for someone other than yourself, please respect their personal convictions and obtain their consent to this spiritual healing.

Correspondence to be sent to:

Mr/Mrs/Miss/Ms \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zipcode \_\_\_\_\_ Country \_\_\_\_\_

SYMPTOMS or NEEDS:

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It would help so much if you could send two stamped envelopes and/or a donation to help with the work. **Our grateful thanks.**