**A family with a child and a box

AI-generated content may be incorrect.**

**INSTANT CHANGE**

**Address:**

**4690 Millennium Dr, 3rd Floor Belcamp, 21017 Email:** [**instantchange@gmail.com**](mailto:instantchange@gmail.com)

**Tel: (240)263-0848 Website: https://www.instant-change.net**

**Application:**

**Spiritual Support Request Form**

**Date:** \_\_\_\_\_\_\_\_\_\_\_

**Personal Information**

* **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Preferred Contact Method:** ☐ Phone ☐ Email ☐ In-Person
* **Age (Optional):** \_\_\_\_\_\_\_\_\_\_\_
* **Gender (Optional):** \_\_\_\_\_\_\_\_\_\_\_

**Type of Spiritual Support Needed**

(Please check all that apply)  
☐ Prayer Request  
☐ Spiritual Counseling  
☐ Emotional Support  
☐ Life Guidance  
☐ Faith Questions  
☐ Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Describe Your Request**

(Provide details about what kind of spiritual support you are seeking.)

**Would You Like to Speak With a Spiritual Advisor?**

☐ Yes  
☐ No

**Preferred Meeting Method**

☐ In-Person  
☐ Phone Call  
☐ Video Call  
☐ Email Correspondence

**Confidentiality**

We respect your privacy. Please check if you would like your request to remain confidential.  
☐ Yes, keep my request private  
☐ No, I am comfortable sharing for collective prayers

**Follow-Up Request**

Would you like us to follow up with you regarding this request?  
☐ Yes, please follow up  
☐ No, just prayers/support are fine

**Additional Comments:**

**Signature (if required):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_