

**Pastoral Care Services – Western Health
Chaplain/Clergy Registration**

Name: _____ Title: _____

Denomination/Faith Group: _____

Home Church: _____

Mailing Address: _____

Town: _____ Postal Code: _____

Phone (H): _____ Phone (W): _____

Cell: _____

E-mail: _____

Other Languages Spoken: _____

CPE Completed: Yes/No _____

Ministerial Association: _____

WH Orientation Completed: Yes/No _____

Parking Permit # (If applicable): _____

Entrance Access WMRH: Yes/No _____