

Divine Mercy Adoration Chapel Access Card Request

Legal First Name: _____

Legal Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone number: (_____) _____ - _____

Email: _____

Parish: _____

We request the following for obtaining an access card:

The card will be used only by you

You will report a lost or stolen card immediately

Catholic Radio (816) 630-1090

Email - Adoration.Chaple.KC@gmail.com

You are responsible for all access by the card issued to you

You are or will sign up for a regular weekly slot and/or an active substitute

Your Signature _____ Date _____