

**Washington Hospital Center  
Department of Spiritual Care  
Clergy Parking Registration**

*Please be prepared to show your clergy identification card or bring an endorsement Letter from your Bishop, Board, Convention, etc., which authorizes you to visit patients On behalf of your denomination and /or faith tradition. A copy of this documentation will be attached to this application.*

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

Name: *(Please Print First, Middle, Last)*

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Driver's License # \_\_\_\_\_ Tag # \_\_\_\_\_

Title: Bishop \_\_\_ Pastor \_\_\_ Rabbi \_\_\_ Imam \_\_\_ Other \_\_\_\_\_

Name of Church / Synagogue / Mosque: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone # \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

Approved by \_\_\_\_\_, *Coordinator, Spiritual Care*

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