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The Effort to Canonize

Father Bill Atkinson, OSA

DOCUMENTATION FOR POSSIBLE MIRACLE Fr. William E. Atkinson OSA /BEATIFICATION PROCESS

Name of Recipient _____ Parent/Guardian _____

Address _____ Address _____

City _____ Zip Code _____ City _____ Zip Code _____

Phone () _____ - _____ Date of Birth _____

Name of Physician _____ Diagnosis/Condition _____

Address _____ 1) _____

City _____ Zip Code _____ 2) _____

Phone () _____ - _____ 3) _____

Medical Condition at time of Request for Intersession _____

Type of Religious Article, Prayer Card, Personal Item used _____

Date & Location of the Start of the Healing Process _____

Relationship to the Person Healed/Cured/or Successfully Treated _____

Name _____ Date _____

Signature _____