

# Catholic Charismatic Prayer Group Directory Update – 2022

WWCCR is currently updating our Prayer Group Directory. We publish this directory on the WWCCR web site and in future printings of the Directory.

## Who is listed?

We will include any Catholic Charismatic Prayer Group or Community that is committed to the basic criteria listed below, returns the Prayer Group Information Form, and has their pastor's signature. This form must be filled out and returned each year, even if the information has not changed. Prayer Groups which do not return the form will not be included in the directory.

## What constitutes a Catholic Charismatic Prayer Group or Community?

WWCCR has discerned the following basic criteria for those we will include in our directory of Catholic Charismatic Prayer Groups and Communities:

- The group seeks to foster a personal experience of Pentecost for each person by offering opportunities for individuals to encounter Jesus as Savior and Lord and opportunities to experience baptism in the Holy Spirit
- The group is committed to discerning, developing and using charismatic gifts
- The group is operating with the approval of their pastor and seeks to cultivate a life of holiness in a Catholic context of faith and practice
- The group encourages evangelistic witness to Jesus Christ through personal testimony, through proclamation of the Gospel, and through spiritual and corporal works of mercy

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## 2021 PRAYER GROUP INFORMATION FORM

City: \_\_\_\_\_ Name of Prayer Group: \_\_\_\_\_

Location of meeting (Parish name and room/building used): \_\_\_\_\_

Any changes made during Covid19?: Zoom/Online meeting? Explain: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_ % Catholic \_\_\_\_\_ Average Attendance \_\_\_\_\_ Language (if not in English): \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Phone:(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name, address and phone number of prayer group leaders (attach additional sheet if necessary):

Name _____	Name _____	Name _____
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Address _____	Address _____	Address _____
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City & Zip _____	City & Zip _____	City & Zip _____
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Phone(_____) _____	Phone(_____) _____	Phone(_____) _____
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Email _____	Email _____	Email _____
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As Pastor, I acknowledge that this prayer group operates within my parish and meets with my approval.

Pastor's signature \_\_\_\_\_ Parish \_\_\_\_\_

Return this form to: PO Box 68575, Seattle, WA 98168 (206) 364-2272 [info@wwccr.org](mailto:info@wwccr.org)