

Genesis HealthCare System

Zanesville, Ohio

Clergy/lay representative identification badge application

Please complete the information below to apply for an identification badge.

Full name _____

Home address _____

City _____ State _____ ZIP _____

Cell phone _____ Work phone _____

Email _____

Local affiliation

Full name of institution _____

Denomination (if applicable) _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Authorization

As evidence of my role as a clergy person or lay representative within a religious institution, denomination or congregation, I am additionally providing the following:

☐ A printed and signed letter from a senior clergy person or an officer of the religious body confirming that I am recognized and authorized to provide pastoral visitation.

Signature _____ Print name _____ Date _____

Please mail this completed form, a signed letter from a senior clergy person or an officer of the religious body and the signed confidentiality statement to Genesis Hospital. A member of our team will contact you regarding next steps.

Genesis Hospital

Attn: Spiritual Care Department
2951 Maple Ave.
Zanesville, OH 43701



Better Begins Here

Revised 09/01/26