

Blessed with Miracles

Pontifical Shrine of Our Lady of Mt. Carmel

Invites you to pray together
and to the Parish Pilgrim House

448 E 116th St
New York, NY 10029



As holy sites go, the **Pontifical Shrine of Our Lady of Mt. Carmel** should be at the top of list for Catholics visiting New York. There have been **several documented miracles** that have been performed by the Blessed Mother at this Shrine. The image located here was proclaimed miraculous by **His Holiness Pope Leo XIII** and crowned during the pontificate of **Pope St. Pius X** on July 10th, 1904. It is one of the 3 most holy sites in the Americas as coronated by Pontifical Authority.

The two others are Our Lady of Prompt Succor in New Orleans, and the Lady of Guadalupe, Mexico. OLMtC was built by the neighborhood's Italian immigrant parishioners (who upon completing the cathedral in the style of an Italian mountain village basilica, were only permitted to worship in their native language down in its basement). The church has been the center of a religious feast each July for the past 130 years. In one particular occasion, there were 500,000 people attending the feast. Today, services are offered in English, Spanish, French, Italian, Polish and Latin. More info www.olmtc.org

Parish

Pilgrim House

We welcome Pilgrimage groups of 10 to 12 persons.

- Amenities at the Parish Pilgrim House:

Chapel,

10 bedrooms,

breakfast and supper buffet,

reading room with access to Wi-Fi internet,

an atmosphere conducive to prayer,

- Conveniently located in upper Manhattan, accessible *by subway and bus* to other Sanctuaries:

St. Patrick's Cathedral

St. Patrick's Old Cathedral

or by car:

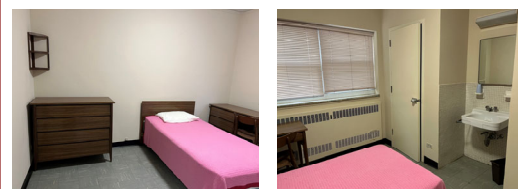
Our Lady of Czestochowa, PA

Divine Mercy, MA

and many others.

Tel: 646-415-8818

info@iconnel.org



Pilgrim House

Rules and Conditions

House promotes and restores the pre-war lifestyle of the Polish community and convent lifestyle; therefore, every Pilgrim and House Member must follow these rules and conditions:

- Appropriate attire is required all the time in all common areas.
- No pets, drugs, smoking, or liquor allowed on premises.
- No food permitted in bedrooms.
- No visitors permitted in bedrooms.
- Only one person permitted per bedroom with exception for parents with minors.
- In Chapel: no conversations, no food, no drinks except for water, silent prayers recommended.
- Keep all your belongings ONLY in your assigned room or storage area. No personal items are to be kept in the bathroom or other common areas.
- All food and drinks will be kept and consumed only in the kitchen or dining room.
- Third Floor is designated only for women and children less than 5 years of age.
- Recommended daily schedule for Guests and House Members with **exception for The Founders and their Guests of Honor.**
 - 05.30am Liturgy of Hours.
 - 06.00-07.00am Breakfast (Self-serve)
 - 07.00-08.30am Holy Mass
 - 08.30am Work towards Pilgrim House.
 - 12.00pm Angelus Prayer.
 - 02.00pm Study (min 2 hours) and personal time.
 - 06.00pm Vespers Prayers.
 - 07.00pm Movies, meetings, artistic performances.
 - 10.00pm Curfew. Guests not registered to stay overnight should leave Pilgrim House or appropriate donations should be paid for overnight accommodation.

EMERGENCY DATA

NAME _____ DATE _____

TEL. NO. CELL: _____ E- MAIL: _____

The following information is important and should be updated periodically by the resident. This information will be held in strict confidence.

In the event of an unexpected illness or emergency, contact:

(Please give us a New York City Contact)

NAME _____

TEL. NO. HOME: _____ Cell: _____ Office: _____

ADDRESS _____

ISTHIS PERSON AUTHORIZED TO ENTER YOUR APARTMENT? YES _ _ NO _ _

MY NEXT OF KIN IS: (This should be a relative who will be able to handle your affairs in the event you are unable to.)

NAME _____

TEL. NO. HOME: _____ Cell: _____ Office: _____

ADDRESS _____

ISTHIS PERSON AUTHORIZED TO ENTER YOUR APARTMENT? YES _ _ NO _ _ _ _

MY PHYSICIAN IS:

NAME _____

TEL. NO. HOME: _____ Cell: _____ Office: _____

ADDRESS _____

DO YOU HAVE A WILL? YES _ _ NO _ _

MY EXECUTOR IS:

NAME _____

TEL. NO. HOME: _____ Cell: _____ Office: _____

ADDRESS _____

DOES THE EXECUTOR OR THE RELATIVE LISTED ABOVE KNOW WHERE YOUR WILL IS LOCATED? YES _ _ NO _ _

ATTACH A HEALTHCARE PROXY IF YOU HAVE ONE.