

EPISCOPAL VISITATION FORM

Name of Congregation

Date of Visitation

Name of Bishop

Discretionary Fund Amount

Please supply names below and indicate age category if known.

Baptisms

_____	_____ Infant	_____ Child	_____ Adult
(Name)			
_____	_____ Infant	_____ Child	_____ Adult
_____	_____ Infant	_____ Child	_____ Adult
_____	_____ Infant	_____ Child	_____ Adult

Confirmations

_____	_____ Infant	_____ Child	_____ Adult
(Name)			
_____	_____ Infant	_____ Child	_____ Adult
_____	_____ Infant	_____ Child	_____ Adult
_____	_____ Infant	_____ Child	_____ Adult

Receptions/Reaffirmations

Please Circle One

_____	Rec or Reaf	_____ Child	_____ Adult
(Name)			
_____	Rec or Reaf	_____ Child	_____ Adult
_____	Rec or Reaf	_____ Child	_____ Adult
_____	Rec or Reaf	_____ Child	_____ Adult

Infant = 12 months and younger; Child = under 16; Adult = 16 and older

Please copy this form as needed and return to the Diocesan Office following the Bishop's visit. Thank you!