

Bishop's Visitation

Name of Parish/Mission _____ City _____

Please fill out and return to my office at least one week prior to my visitation (as soon as you are able for special events or meetings). Thank you.

Liturgy Date _____ Day of Week _____ Time _____ Rite _____ Sung (yes/no)

If Rite II

Prayer A, B, C, D (circle one)

If sung which parts _____

(I will use solemn tones) Opening sursum corda & preface

Blessing _____ Eucharistic prayer ending _____

Baptisms Number _____

Confirmations Number _____

Receptions Number _____

Renewal of Baptismal Vows Number _____

Indicate whether to use your vestments _____ or mine _____

Note: White for Easter Season, all others Red

Be sure to print Episcopal blessing in Bulletin with responses for the people. BCP,P. (sung or said)

Please (if at all possible) have a place for me to vest where I will not be in the way of the Altar Guild, Acolytes, Lay Readers, etc.

Please have your record books ready to look through, - including your service book for me to sign.

Lodging arrangements: _____

Special events, meetings or happenings _____

Anything else you think I might need _____

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