

**Visitation Checklist**

**Name of Bishop:** Barry R. Howe

**Date of Visitation:** \_\_\_\_\_

**Name of Congregation:** \_\_\_\_\_

**Name(s) of Clergy:** \_\_\_\_\_  
\_\_\_\_\_

**Time of Service:** \_\_\_\_\_ **Preferred Arrival Time:** \_\_\_\_\_

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**Adult Forum:** \_\_\_\_\_

**Vestry Meeting:** \_\_\_\_\_

**Reception:** \_\_\_\_\_

**Lunch/Dinner:** \_\_\_\_\_

**Other:** \_\_\_\_\_

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**Confirmations:** \_\_\_\_\_ **Baptisms:** \_\_\_\_\_ **Receptions:** \_\_\_\_\_ **Reaffirmations:** \_\_\_\_\_

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**Other Information:** \_\_\_\_\_  
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**Please return form to Bishop's Office two weeks prior to visit.**