



Episcopal Diocese of Western Kansas

Bishop's Visitation Worksheet

Please complete and return to the Bishop's Office one week prior to visitation to tec.wks2011@gmail.com

Date of Visitation:

<u>Date of Visitation:</u>	
Church Name:	Church Phone:
Church location address:	Contact Phone:
Contact Person:	Email:

Service Information:

Times:	Rite II	Eucharistic Prayer A; B; C; D	Comments

Color of the Day (if white, please specify which shade of white)

Lectionary:

<u>Old Testament:</u>		<u>Psalm:</u>	
<u>New Testament:</u>		<u>Gospel:</u>	

Total Baptisms:		
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Of those, how many are	Infant:	Youth:	Adult:
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Number of Confirmations:	Number of Receptions:	Number of Reaffirmations:
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Other information or requests:

Please have your parish record books available for the bishop to review, including the Service Register for the bishop's signature.

