



Episcopal Visitation Notification

Church Name: _____

City: _____ State: _____ Zip Code: _____

Date of Bishop Smith's Visitation: _____ Year _____

Clergy Name: _____ Cell phone number: _____
(number should be turned on – Sunday morning)

Sr. Wardens Name: _____ Cell phone number: _____
(number should be turned on – Sunday morning)



This form is for the Rector / Vicar of the congregation to complete and return to the Office of the Bishop at least one month prior to the Bishop's Visitation. Please contact Jan jnothum@episcopalswfl.org in the Bishop's Office with any questions. The Bishop is looking forward to spending this time with you and your congregation.

1. What are the time(s) of the service(s) _____

2. What Lessons are being used _____

3. What are the vestments and color for the day: _____

4. Will there be Confirmations/ Receptions / Reaffirmations: YES _____ NO _____
4a. If yes, how many (we will send you by mail certificates to be completed for each individual. The Bishop will sign these when he arrives.)
Confirmations _____ Receptions _____ Reaffirmations _____

5. Will there be Baptisms: YES _____ NO _____ If yes, how many _____

6. Will the Bishop be meeting with members of the Vestry? YES _____ NO _____
6a. If yes, what is the time frame and nature of this meeting _____

7. What other activities are planned for the visitation: (i.e. meeting with Adult forum, lunch, visiting Sunday School classes, meeting with Sr. and/or Jr. Wardens etc.) _____

8. Are there any special concerns specific to your congregation for the Bishops attention: _____

9. Are there any specific parking instructions for the Bishop: _____

10. A copy of the Bulletin for the Visitation should be faxed 941.556.0321 or sent by electronic copy for his approval, to Jan in the Office of the Bishop jnothum@episcopalswfl.org by mid – week prior to the Bishop's visit with you.

Any additional questions, comments or concerns? _____

