



Information for the Episcopal Visit

Church: _____ City: _____

Phone number (to contact clergy or warden on the weekend): _____

Date of Visit: _____ Service Time(s): _____

Liturgy to be used: _____ Color to be used: _____

Confirmations? Yes / No **Receptions?** Yes / No **Reaffirmations?** Yes / No

Lections: Revd. Common Lectionary / Prayer Book Lectionary **Bible version:** _____

Old Testament: _____ Psalm: _____

Epistle: _____ Gospel: _____

Other activities in which you want the Bishop to participate: _____

Name of the Senior / Bishop's Warden: _____

Junior Warden: _____ Treasurer: _____

Other key parish leaders the Bishop will meet: _____

Are there any special parish concerns about which the Bishop needs to be aware? _____

Please return to the Bishop's Office **at least ten days prior to the visit date:**

By email – melissa.soderberg@dwtx.org **By fax** – Attn: Episcopal Visit, (210) 824-1312

By mail - Episcopal Diocese of West Texas; PO Box 6885; San Antonio, TX 78209