

EPISCOPAL DIOCESE OF FORT WORTH

4301 Meadowbrook Drive Fort Worth, TX 76103



BISHOP'S VISITATION FORM

PLEASE FILL OUT AND RETURN TO THE BISHOP'S OFFICE AT LEAST 7 DAYS PRIOR TO THE VISITATION

D	ate(s) of Visit			
1.	Church:	City:		
2.	We would like you to wear: Chasuble a	and Mitre	Rochet and Chimere	
3.	 Are there any special events or people to recognize during the Bishop's visitation: - any special events or meetings? - any people to recognize (service to the congregation, diocese, etc.)? - will there be any receptions/luncheon/dinners following service? 			
4.	4. What Propers will be used: (Use Sunday Propers – please specify your choice where there are options)			
5.	5. What are the hours of service(s)?- Which rites are used at each?			
6.	How many: - Confirmations? - Receptions? - Baptisms?			
7.	Please note: Use appropriate liturgical	color for the s	season; white for baptism	
R	equests or comments for the Bishop:			
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