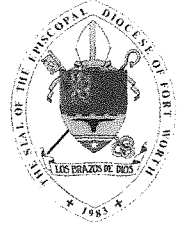


EPISCOPAL DIOCESE OF FORT WORTH
 3550 Southwest Loop 820
 Fort Worth, TX 76133



BISHOP'S VISITATION FORM

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

Date(s) of Visit _____

1. Church: _____ City: _____

2. We would like you to wear: Chasuble 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. What Propers will be used:

5. What are the hours of service(s)?
- Which rites are used at each?
 - Color of season or specified color?

6. How many:
- Confirmations? _____
 - Receptions? _____
 - Baptisms? _____

Please send _____ Bishop's discretionary fund envelopes. We need them by _____.

Requests or comments for the Bishop: _____

