

BISHOPS' VISITATION INFORMATION

CONGREGATION _____ **CITY** _____

DATE OF VISIT _____

1. Time of service the Bishop will participate in: _____

2. Details of the service: (sung, special observances, etc)

3. Number of Confirmations: _____
Number of Receptions: _____
Number of Reaffirmations: _____
Number of Baptisms: _____
Other: _____

4. Propers for the liturgy: _____

5. Vestments: Color: color of the day, unless otherwise arranged:

Bishop expects to bring own alb, crozier, mitre and wear the congregation's vestments.

6. Besides the liturgy, the visit is to include time with the vestry or bishop's committee, time with the clergy, time before the service with confirmands. Schedule for the day: _____

7. Parking: will a space be marked for the Bishop? If not, where may he park?

8. Contact person, with phone number or email address: _____

9. Special concerns, issues of the congregation: _____

Please return this sheet *2 weeks prior to the visit date* to:
Office of the Assistant Bishop
Episcopal Diocese of Chicago
65 E. Huron
Chicago, IL 60611

Or you may fax to 312-787-5872 or e-mail to toacothran@episcopalchicago.org