

**Bishop's Visitation Record Form**  
**Diocese of Olympia**

Please email/mail this form immediately **following** the bishop's visit.  
Email: tmay@ecww.org | Mail to: Diocese of Olympia, Attn: Tonja May, 1551 Tenth Ave E, Seattle WA, 98102

**Church:** \_\_\_\_\_ **City:** \_\_\_\_\_

*The following people were presented to (Bishop) \_\_\_\_\_,*

*by (Name) \_\_\_\_\_ (Title) \_\_\_\_\_ on*

*(Date) \_\_\_\_\_.*

*Their names were entered and recorded in the Parish Register of*

**Church:** \_\_\_\_\_ **City:** \_\_\_\_\_

Action Taken:

**B** = Baptized by Bishop with laying on of hands

**REC** = Received by Bishop

**REAFF** = Reaffirmation of adult baptized as Episcopalian without laying on of hands

**C-16** = Confirmed under 16 years of age

**C+16** = Confirmed age 16 and over

*Copy the second page as needed.*

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_

**Church of Baptism:** \_\_\_\_\_

**Action Taken:** B  REC  REAFF   
C-16  C+16

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_

**Church of Baptism:** \_\_\_\_\_

**Action Taken:** B  REC  REAFF   
C-16  C+16

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_

**Church of Baptism:** \_\_\_\_\_

**Action Taken:** B  REC  REAFF   
C-16  C+16

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_

**Church of Baptism:** \_\_\_\_\_

**Action Taken:** B  REC  REAFF   
C-16  C+16

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Age: \_\_\_\_\_  
Date of Baptism: \_\_\_\_\_  
Church of Baptism: \_\_\_\_\_  
Action Taken: B  REC  REAFF   
C-16  C+16

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