

**Episcopal Diocese of Olympia
Bishop Visitation Planning Form**

Please complete and return at least 1 month in advance of the Bishop's visit:

Email: acaballero@ecww.org | Mail to: Diocese of Olympia, Attn: April Caballero, 1551 Tenth Ave E, Seattle WA, 98102

Date of Visit: _____

Congregation Name, City: _____

Contact Name: _____ **Contact Phone:** _____

Contact Email: _____ **Bishop's Chaplain:** _____

Readings for the day.

Please include a separate document with the full readings.

First Reading: _____ **Psalm:** _____

Second Reading: _____ **Gospel:** _____

Baptisms _____ **Confirmations** _____ **Receptions** _____ **Reaffirmations** _____

If you have any baptisms, confirmations, receptions, or reaffirmations please indicate the number of each below. Letters from confirmands should be sent to the bishop *prior* to the visit. We will provide confirmation and reception cards on the day of the visit. You should return the Visitation Record Form no less than two weeks following the visitation.

Liturgical Color: _____

Please indicate above the liturgical color of the day. For confirmation the color should be red; for baptism with confirmation, the color should be white; for visitation by the Bishop without either baptism or confirmation, the color should be that of the season.

Number of requested Bishop's Discretionary Fund envelopes: _____

Any loose offering of the people at such services shall be designated for the Bishop's Discretionary Fund. Please indicate the number of BDF envelopes you will need. These will be sent in advance of the visit and should be inserted in the service bulletin.

Agenda for the day.

Please be as specific as possible to times, events, preach, preside, etc. What would you like us to do?

Are there any issues, challenges, special recognitions, dedications, or celebrations that we should know about?

For office use only: Form received: _____