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 Par	ish 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 Episcopa C-16 = Confirmed under 16 years of age C+16 = Confirmed age 16 and over	lian without laying on of hands
Copy the secon	nd page as needed.
Full Name:Address:	Full Name:Address:
Email: Phone: Age: Date of Baptism: Church of Baptism: Action Taken: B REC REAFF	Email: Phone: Age: Date of Baptism: Church of Baptism: Action Taken: B REC REAFF
C-16	C-16
Email: Phone: Age: Date of Baptism: Church of Baptism:	Email: Phone: Age: Date of Baptism: Church of Baptism:
Action Taken: B REC REAFF C-16 C+16	Action Taken: B REC REAFF C-16 C+16

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