

# PLANNING FOR A VISITATION

\*\*\*PLEASE RETURN TWO WEEKS BEFORE THE VISITATION DATE\*\*\*

If you have questions or concerns, please don't hesitate to contact Barbara Martin 207.772.1953 x 125 or [bmartin@episcopalmaine.org](mailto:bmartin@episcopalmaine.org). The complete *Customary for Visitations*, including an electronic version of this worksheet, are available at [www.episcopalmaine.org](http://www.episcopalmaine.org). If you need more space, or have additional information to share with Bishop Brown, please feel free to attach additional pages.

Name of Congregation \_\_\_\_\_

Physical Address (for GPS) \_\_\_\_\_

Church Phone Number \_\_\_\_\_

Date of Visitation \_\_\_\_\_ Time of Service \_\_\_\_\_

Name of Priest-in-Charge \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Deacon\* \_\_\_\_\_ Phone # \_\_\_\_\_

\*if your congregation does not have an assigned deacon, please consider inviting one to participate in the service. See also "Notes for Deacons and Chaplains".

Name of Chaplain \_\_\_\_\_ Phone # \_\_\_\_\_

Name/Phone number of a contact person for the Bishop's use (in the event of an emergency, need for directions, etc.)

\_\_\_\_\_

If your congregation is more than 2 hours away from Portland, please give us your recommendation for a clean, comfortable place to stay

\_\_\_\_\_

WORSHIP

Color (check one)

- White: for Baptism
- Red: if a major Sunday feast (ex: Palm Sunday or Pentecost)
- Seasonal
- Festal: for special occasions and celebrations

Readings (Revised Common Lectionary)

First Reading\_\_\_\_\_

Psalm\_\_\_\_\_

Second Reading\_\_\_\_\_

Gospel\_\_\_\_\_

Order of Service (check one)

- Renewal of Baptismal Vows
- Baptism
- Confirmation/Reception/Reaffirmation

Holy Eucharist (check one)

- Enriching our Worship
- Book of Common Prayer
- Other (in consultation with the Bishop)

Lord's Prayer

- Contemporary
- Traditional

Final Blessing

- Episcopal Blessing BCP, p. 523
- Other: please describe or send the text.

Will there be participation of Lay Ministers as lectors, intercessor and chalice bearers?

In addition to the service, are there any other special functions planned? For example: blessing of acolytes, prayer shawls or signs? Dedication of new space? Anniversary celebration? or something else? Please list. Are there any special requests? *(please let Barbara know in advance)*

MINISTRY CONVERSATION *(use extra sheet as necessary)*

What's new in your congregation? Where is the congregation's energy? Around what topics has your most recent conversation revolved? What else would you like the Bishop to know as he prepares for this celebration? Joys? Concerns? Anything at all.

Please list the members of your church leadership and their position:

## VISITATION CHECKLIST

*Please feel free to arrange the day's schedule of events as best suits your needs and add additional information about the logistics of the visit as necessary.*

### Before the Visitation

\_\_\_\_\_ Visitation Worksheet due to Bishop's Office (**2 weeks before visit**)

\_\_\_\_\_ Draft Order of Worship due to Bishop's Office (**1 week before visit**)

\_\_\_\_\_ Date and Time of pre-visit phone chat with Bishop Steve

\_\_\_\_\_ Date, time and location of vestry meeting

### Timeline for the Day of the Visitation

\_\_\_\_\_ Arrival time

\_\_\_\_\_ Meet with Chaplain, Confirmands and Sponsors

\_\_\_\_\_ Service

\_\_\_\_\_ Reception

\_\_\_\_\_ Vestry Meeting

\_\_\_\_\_ Time with Clergy, Spouse/Partner, Family *(It's often the case everyone is very tired after all the parts of a Visitation are complete. If you would prefer (pastorally or practically) to visit with the Bishop at another time, at a more relaxed time, please let Barbara know.)*

\_\_\_\_\_ Departure

\_\_\_\_\_ Other *(please describe)*

### AFTER THE VISITATION

\_\_\_\_\_ BDF Donation

\_\_\_\_\_ Any updates to "Official Acts" (pg 6-7 of this worksheet)  
Information for Official Acts and preparation of certificates

OFFICIAL ACTS

*Thank you for PRINTING clearly. Please use a separate sheet as needed.*

Full Name of Clergy Presenter \_\_\_\_\_

BAPTISM

Full Name, Date of Birth, Location of Birth, Name(s) of Parents, and Sponsors (if available)

CONFIRMATION

Full Name and Age, name of clergy sponsor (if different), name(s) of sponsor(s)

RECEPTION

Full Name, Age, Denomination of Baptism, Prior Religious Affiliation

REAFFIRMATION

Full Name, Age, Previous Congregation (if any)