REPORT OF BISHOP'S VISITATION

Send to mscaglione@wvdiocese.org

Name of Parish: _____

Town: _____

Presented by: _____

Date: _____

CONFIRMATIONS / BAPTISMS

Name	Sex	Age	Baptism

(Continue on back if necessary…)

RECEPTIONS / REAFFIRMATIONS

Name	Sex	Age	Baptism

Send to:
The Episcopal Diocese of WV
P.O. Box 5400
Charleston, WV 25361