



Bishop's Verification Form

Date of Visitation: _____

Name of Congregation: _____

Location of Congregation: _____

Presented by the Rev. _____ (please print)

First, Middle, Last Name	Please check off:			
	Confirmation	Reception	Reaffirmation	Baptism
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(attach additional sheet if necessary)

Signature of Clergy person

Date

PLEASE RETURN TO BISHOP'S OFFICE AFTER VISITATION:
63 Green St., Concord NH 03301 ~ 603-224-1914 ~ sgay@nhepiscopal.org