

## PROCEDURES FOR ANNUAL EPISCOPAL VISITATION IN NEW HAMPSHIRE

Please COMPLETE THIS FORM and return it to the Bishop's Office  
2 weeks before the visitation date along with a draft of the  
proposed ORDER OF SERVICE.

1. Congregation:

2. Visitation Date:

3. Liturgy time and Eucharistic rite:

Time \_\_\_\_\_ Rite \_\_\_\_\_ Said/Sung \_\_\_\_\_

Time \_\_\_\_\_ Rite \_\_\_\_\_ Said/Sung \_\_\_\_\_

4. Lectionary: unless otherwise requested, the bishop will plan to preach  
on the propers of the day from the Revised Common Lectionary (RCL):  
Please list below:

1<sup>st</sup> lesson \_\_\_\_\_

2<sup>nd</sup> lesson \_\_\_\_\_

Psalm \_\_\_\_\_

Gospel \_\_\_\_\_

5. Liturgical color: \_\_\_\_\_

6. Eucharistic Prayer: \_\_\_\_\_

7. Lord's Prayer: ☐ Traditional ☐ Contemporary

8. Will there be confirmations, reaffirmations, and/or receptions?

☐ Yes ☐ No

Do you require blank certificates from the Bishop's Office?

☐ Yes ☐ No

If so, how many? \_\_\_\_\_

*If you do not have certificates, the Bishop's Office can provide blank certificates for you or a  
digital file for you to print them. Please fill them out and the Bishop will sign them at visitation.*

The Bishop will plan to meet with the confirmands before the service.

Please complete and return the Diocesan Verification Form following the visitation.

### OFFICE USE ONLY

#### TIME

\_\_\_\_\_ Liturgy

\_\_\_\_\_ Liturgy

\_\_\_\_\_ Teaching/Forum

\_\_\_\_\_ Meet with  
confirmands

\_\_\_\_\_ Meet w/Vestry or  
Bishop's Committee

\_\_\_\_\_ Reception

\_\_\_\_\_ Lunch

Other:

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9. Will there be baptisms? ☐ Yes ☐ No If yes, list below.

Adult(s) Name(s)	Sex	Child(ren)'s Name(s)	Sex

10. If there are baptisms, do you want the Bishop to bless the Chrism: ☐ Yes ☐ No

11. Will there be anything special in the liturgy (dedications, blessings, etc.)? ☐ Yes ☐ No

If yes, describe:

12. Do you want the Bishop to participate in anything else, i.e. Adult Forum, etc? ☐ Yes ☐ No

If yes, what time? \_\_\_\_\_ If yes, describe:

13. Will there be a reception? ☐ Yes ☐ No If yes, what time? \_\_\_\_\_

14. Will there be a meal (lunch/brunch?) ☐ Yes ☐ No If yes, what time? \_\_\_\_\_

15. When and at what time will the Vestry or Bishop's Committee meet? \_\_\_\_\_

Issues to be discussed? (Please call Shelli Gay at 603-224-1914 to schedule.)

16. Is there anything else you would like the Bishop to know prior to his visitation?

This form completed by \_\_\_\_\_ Date \_\_\_\_\_