

Christ Episcopal Church
Pastoral Care Visit Report Form

Clergy Koinonia Newcomer Group
Eucharistic Visitor Order of St. Luke
Guild of the Good Shepherd Prayer Shawl Ministry

Name of Visitor _____

Phone Number _____ Date _____

Person Visited _____

Type of Visit

Communion # _____ Follow Up Visit New Born
Death of Relative Surgery Newcomer
Death of Spouse Illness Routine Visit
Other _____

Location

Church Hospital Nursing Facility Phone Visit
Home Sent Note Work Place Restaurant
Other _____

Essential Comments for Clergy

Place Visit Report form in box provided in reception area or
email information to adking@suddenlink.net

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