

MINISTRY CARE VISITATION FORM

Please fill out completely and legibly.

Name of Church Member: _____

Address: _____

Phone Number: _____

Date Of Visit: _____

Time Of Visit: _____

Reason for Visitation:

_____ Bereavement _____ Funeral _____ Wake _____ Home

_____ Hospital _____ Surgery _____ Maternity _____ Emergency

_____ Caring for Elderly: Housekeeping: _____ Mowing Lawn _____ Transport

_____ Caring for Sick & Shut-In: Housekeeping: _____ Cooking _____ Transport

Card/Flower Sent: (Specify) _____ Date Mailed/Sent _____

Additional Comments: _____

FOR OFFICE USE ONLY

Church was contacted: _____ Person called the church : _____

Minister on call: _____ Minister was contacted: _____

Please sign or initial when you have read form.

_____ Bishop Mellette/Pastor Patti Mellette

_____ Minister on Call

_____ Administrative Director

Signature: _____ **Date:** _____