

Hospital Convalescent Ministry Visitation Sheet

Name: _____

Visitation Information

Name of Person(s) Visited _____

Group Visited___ (check if an entire group visited)

Place of the Visit _____

Date of Visit _____

Total Approx. Time of Visit _____

Was Communion Served? Yes___ No___

Did not visit but called member _____ Phone# _____

Comments _____

If anyone has any questions please feel free to contact: Minister Tammy Edwards at 937-360-9416.