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THIS FORM MUST BE COMPLETED AND RETURNED TO THE BISHOP'S OFFICE ONE MONTH PRIOR TO THE VISIT:

c/o Jude Green,
71 Bronson Avenue,
Ottawa, ON K1R 6G6

PARISH VISITS/CONFIRMATION INFORMATION SHEET

The Right Reverend John H. Chapman

Name of Parish Priest	
Name of Parish (Full Name) and Address: - N.B. in the event of multi point parishes, please indicate the name of the church where the event will take place	
Parish Visit ☐ **Confirmation** ☐	**Date**: **Time**: **a.m.**
Readings (Revised Common Lectionary)	

Confirmation Candidates (Full Name)	Candidates Address (including Postal Code)	Baptism Date	Age

Recent Past or Up Coming Events	
Any Pertinent Information the Bishop should be aware of	