



Visitation Report

Date: _____

Contact Information (please print or type)

Name	
Address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (mobile)	
E-Mail	
Active in a Church? (Name)	

Follow-up Information

Prayer Request(s)	
Ministry Need(s)	
What happened during visit?	<input type="checkbox"/> Answer to prayer _____ <input type="checkbox"/> Received Christ? <input type="checkbox"/> Received the baptism in the Spirit? <input type="checkbox"/> Other _____
What follow-up is needed?	<input type="checkbox"/> Wants additional prayer. <input type="checkbox"/> Would like a pastoral visit. <input type="checkbox"/> Is interested in being a part of a small group. <input type="checkbox"/> Other _____
Neighborhood Information	<input type="checkbox"/> Do you know anyone with a great need? _____ <input type="checkbox"/> Do you know anyone would want us to visit? _____ <input type="checkbox"/> What could our church do for your community? _____ <input type="checkbox"/> What would you expect from a church? _____
Safety Information	<input type="checkbox"/> Did any dangerous or questionable incident occur? (Please give details on back.) <input type="checkbox"/> Was anyone injured? (Please give details on back.)

Ministry Team

Please use the following name(s) in all acknowledgements:

Leader	
Team Member	
Team Member	