

Sheet D

Visit or Communion to and Institution or Residence

2018
Revision

Parish : _____
Name of Parish

Christian Community : _____ from _____
Name of Christian Community *Name of Town or Village*

Name of Residence or Home : _____

Date of the visit : _____ Arrival time : _____ Departure time : _____

Name of volunteers	Signature	Name of volunteers	Signature

Name of employee present during visit : _____
Employee's Initials

COMMON AREA FOR VISIT

The visit was held in the : Chapel Common Room Other (*specify*) : _____

Number of residents present in the common area : _____

VISITS TO PRIVATE ROOMS (*For those residents unable to attend the common area visit*)

Name of resident visited	Room Number <i>(if applicable)</i>	Name of person present <i>(if applicable)</i>

Comments :

A sheet must be prepared for EACH VISIT.