

Lighthouse World Outreach Center

Deacon Ministry Visitation Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Reason for visit: Assigned Visit Illness Frequent Absence Contact Type: Home Visit Phone Call

Comments: _____

Occupations: _____

Family Interests/Hobbies: _____

Ministry Involvement: _____

Is person/family involved in small group?: _____

Family Information

Last Name	First Name	Relationship	Marital Status	Bday
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of Deacon/ness: _____ Date: _____

