# DIOCESE OF NORTHERN INDIANA

***Please return this form to the Bishop's office***
***as soon as the information is available. Thank you.***

**Date of Visitation_____**

**_____**

**_____ Rector, Priest-in-Charge, or**
**Senior-Warden-in-Charge**

**Names of those to be <u>Confirmed</u>**

| **NAME** | **AGE** | **BAPTISM – Church or Denomination into which they were baptized** |
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**Names of those to be <u>received</u> from another part of the Catholic Church**

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**Names of those making a <u>reaffirmation</u> of Baptismal Vows**

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