

# DEACON TEAM MINISTRY DEACON VISIT REPORT

DEACON/YOKEFELLOW \_\_\_\_\_

DEACON TEAM \_\_\_\_\_ WEEK \_\_\_\_\_

HOSPITAL

SUNDAY VISITOR

CHURCH MEMBER

HOMEBOUND

ASSIGNED FAMILY

OTHER \_\_\_\_\_

NAMES	AGE
_____	_____
_____	_____
_____	_____
_____	_____

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

LOCATION (If Not Home Address) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_ MAPSCO REFERENCE \_\_\_\_\_

REPORT \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUNDAY SCHOOL REFERRAL? YES  NO

REPORT DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_