

**Saint Andrew's Lutheran Church
Congregational Care Team
Visitor Report Form**

Name of person visited: _____

Name of Visitor: _____

Date of Visit: _____

Type of Visit:

Telephone _____ Home _____

Hospital _____ Communion _____

Would person visited like a phone call or visit from Pastor Lara?

Visit Phone Call No

Would person visited like a repeat visit? Yes No

Comments:
