

# HICKORY NECK EPISCOPAL CHURCH

## EUCCHARISTIC MINISTER'S REPORT

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Eucharistic Visitor(s)

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Communicant(s) Visited:

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Location of Eucharist:

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Others in attendance:

Relationship:

Did they receive:

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Y N  
Y N  
Y N

Give a brief description of the visit:

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