

HISTORY – PASTORAL CARE

VISITEES NAME _____

Address _____

Phone No. _____

Family Contact Name _____

Family Phone No. _____

VISITEES HISTORY

Place of Birth _____

Date of Birth _____

Brothers & Sisters _____

Attend School _____

Work Places _____

Married _____

Children _____

Hobbies _____

Special Activities _____

Church association _____

Church Activities _____

Other special events experienced _____

(summer vacations – cottages, etc)

Travel _____
