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**The Bishop of Lewes**

**LITURGY BOOKING FORM**

**Liturgical Arrangements for a Parish Visit**

Please complete and return this form along with a draft order of service for the Bishop’s approval, at least 2 weeks before the Bishop’s visit, by email to the Bishop’s PA in A4 Word format

[sophie.perring@chichester.anglican.org](mailto:sophie.perring@chichester.anglican.org)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service Date**  **….…./….…./………** | **Start time** | | | | | | **Finish time** (approx) | | | |
| **Parish** |  | | | | | | | | | |
| **Intention of Service**  Please state | (preach and preside / patronal festival / other) | | | | | | | | | |
| **Address of the Church**  Please attach a map |  | | | | | | | | | |
| **Is parking provided?** If yes, please state where | (yes / no) Please save the Bishop a parking place if available  Is there facility to plug in +Richard’s electric car? Yes/No | | | | | | | | | |
| **Contact name**  **and address** |  | | | | | | | | | |
| **Contact Phone/Mobile** |  | | | | | **Email** | |  | | |
| **Expected numbers** | Adults |  | | Children | |  | | Total |  | |
| **Clergy attending** |  | | | | | | | | | |
| **Any VIPs attending?** Please provide details |  | | | | | | | | | |
| **Vestments** If required the Parish will need to provide  **Colour:**  Licensing (White)  Confirmation (white or for the day) & other services (For the Day)  Please specify…………………………………………. | | | | | | | | | | **Can be supplied?**  (yes / no) |
| **Readings** | | | | | **Translation** | | | | | |
| OT: | NT: | | | | Gospel: | | | | | |
| **Is a Sound System used?** (yes / no) | | | | | **Bishop controlled?** (yes / no) | | | | | |
| **Will there be a choir?** (yes / no) | | | **Will there be servers?** (yes / no) | | | | | | | |
| **Is incense used?** (yes / no) | | | If yes, when: | | | | | | | |
| **The Bishop will not sing the service but if it is your custom is happy for a cantor to lead appropriate sections** | | | | | | | | | | |
| **Parts sung communally:** | | | | | | | | | | |
| **Where is the sermon preached from?** | | |  | | | | | | | |
| **How is communion distributed?**  The Bishop prefers 1ciborium and 2 chalices at the altar rail. If more than 75 are expected please arrange for additional stations of distribution | | |  | | | | | | | |
| **Recordings** Is permission to record requested (yes / no)  Permission to record this service and the Bishop’s sermon must be sought from the Bishop’s Office before the event. If permission is granted a copy of the proposed upload should be sent to the Bishop’s office on suitable media and agreement requested for the upload. | | | | | | | | | | |
| **Bishop’s Chaplain**  Do you have someone who could chaplain for the Bishop if required? (yes / no)  If yes, please provide details: | | | | | | | | | | |
| **Any other helpful information** Any information will be helpful to ensure the Bishop is well briefed for his visit  If confirmations &/or baptisms please provide numbers and signed confirmation return (blank available on the diocesan website)  PLEASE SUPPLY TESTIMONIALS FROM CONFIRMATION CANDIDATES AT LEAST 14 DAYS BEFORE THE SERVICE | | |  | | | | | | | |

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Return Checklist:

|  |  |
| --- | --- |
| Liturgy Booking Form Completed |  |
| Draft Order of Service in A4 Word Format |  |
| Text of Readings included in draft OOS |  |
| Text of Hymns included in draft OOS |  |
| Date emailed to Bishop’s PA …………. / ……… /…………. | |