Lay Carmelites
Province of the Most Pure Heart of Mary

PROVINCIAL CONFIDENTIAL COMMUNITY VISITATION REPORT

V-9 2024

PROVINCIAL VISITATION COORDINATOR:			**AREA #**
LCC NAME:	**LCC #**	**CITY, STATE / CANADIAN PROVINCE:**	
REGIONAL COORDINATOR:	**REGIONAL FORMATION COORDINATOR:**	**DIRECTOR:**	**FORMATION DIRECTOR:**
DATE OF VISITATION:	**TIME:**	**VISITATOR(S):**	**STIPEND:** USD/CAD
VISITATOR'S OBSERVATIONS / CONFIDENTIAL COMMENTS ABOUT THE VISITATION MEETING:			
COMPLETED BY RC / RFC:			

Please keep a copy for your records and send the original to your Provincial Visitation Coordinator.