



**ANNUAL PASTORAL REPORT
2019**

DUE: November 22, 2019

Parish Profile (Current Information)

Parish: _____

Address: _____

City, LA, Zip Code: _____

CLERGY

Name	Cell Phone	Email
Pastor _____	_____	_____
Parochial Vicar _____	_____	_____
Parochial Vicar _____	_____	_____
Resident _____	_____	_____
Resident _____	_____	_____
Deacon _____	_____	_____
Deacon _____	_____	_____
Deacon _____	_____	_____
Deacon _____	_____	_____

FULL TIME PARISH EMPLOYEES

Name	Job Title	Cell Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parish Records:

Kept in a locked safe	Yes	No
Up-to-date	Yes	No
Complete & Checked	Yes	No
Legible and in Permanent Ink	Yes	No
All corrections are made by hand; no labels or whiteout	Yes	No

Baptismal Register:

+All notations (confirmation, marriage, annulments, etc.) properly entered	Yes	No
--	-----	----

Marriage Register:

+All entries are complete	Yes	No
+All notations complete (annulments, etc.)	Yes	No
+Review Pre-Nuptial Forms	Yes	No

Confirmation Register:

+All notations complete	Yes	No
-------------------------	-----	----

First Communion Register:

+All notations complete	Yes	No
-------------------------	-----	----

Mass Stipend Book

+ <i>Pro Populo Mass</i> weekly	Yes	No
---------------------------------	-----	----

Book of the Elect

Yes	No
-----	----

Safe Environment

Record of Training is on file with Archdiocese:	Yes	No
All background checks complete:	Yes	No
Record are kept in a secure place.	Yes	No

Comments:

Physical Condition of the Parish Plant:

Church: Date Built _____ Other facilities: Identify & Comment

Comment:

Rectory: Date Built _____

Comment:

School: Date Built _____

Comment:

POPULATION - MASSES

Estimated Number of all Catholic Households: _____
(Geographical boundaries)

Number of Registered Catholic Households: _____

Ethnic Background of Catholic population (estimated)

African American _____% Hispanic _____%

Caucasian _____% Asian-Pacific _____%

Other (Specify) _____

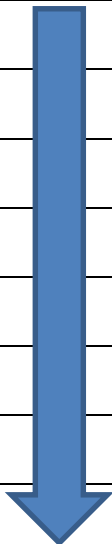
Year of Last Census: _____

General Condition of the Parish

_____ Stable _____ Growing _____ Declining

Areas of Parish needing improvements:

Mass Attendance Count (Actual count of every adult and child in church)

Masses	*Language	Mass Time	1st Weekend Count (Record Attendance Below)	2nd Weekend Count (Record Attendance Below)	Average of the 2 Weekends
Sat. Vigil # 1					
Sun. #1					
Sun. #2					
Sun. #3					
Sun. #4					
Sun. #5					
Sun. #6					
Sun. #7					

Please count the number of Masses for Vigil, Sunday and Weekdays for each of the following languages:

English Masses _____ # Spanish Masses _____

Vietnamese Masses _____ # Other Languages _____

Total number of parishioners attending weekend Mass (Average of 2 Weekends) _____

Percentage Receiving Communion _____%

Number of Extraordinary Ministers of the Eucharist _____

Average Number of parishioners attending Daily Mass _____

Number of School Masses (per month) _____

Missions: _____ Stations: _____ (Mass regularly celebrated other than Church)

Chapels: _____ Cemeteries: Parochial _____ Diocesan: _____

PARISH ORGANIZATIONS

Pastoral Council

Date Pastoral Council Organized: _____

Check One:

How often does the Pastoral Council meet? Monthly Quarterly Semi-Annually Annually

Day and Times of Meetings: _____

Does the Pastoral Council have a Constitution & By-Laws? Yes No

Number of Members: Appointed - _____ Elected - _____

Voting Members - _____ Ex officio - _____

Does a member of the Finance Council serve (*ex-officio*) on the Pastoral Council? Yes No

Written Minutes available? Yes No

Areas of strength and concerns:

Parish Ministries: Does your parish have these or similar ministries?

Family Life Yes No Stewardship Yes No

Ministry to the Poor Yes No Evangelization Yes No

Missions/Retreats Yes No Communications Yes No

Others: (Indicate or attach a list of your Parish Ministries)

Parish Pastoral Council: Please list your Parish Representative and Title:

Parish Pastoral Council: Pastor:

Name _____ Title _____ Email _____

Mailing Address _____ Phone _____

President/Chairperson/Internal Coordinator:

Name _____ Title _____ Email _____

Mailing Address _____ Phone _____

Other:

Name _____ Title _____ Email _____

Mailing Address _____ Phone _____

School Board (If applicable)

Date School Board Organized: _____

Religious Community Teaching in the school: _____

Circle One:

How often does the School Board meet? Monthly Quarterly Semi-Annually Annually

Does the School Board have a Constitution & By-Laws? Yes No

Number of Members: Appointed - _____ Elected - _____ Discerned - _____

Voting Members - _____ Ex Officio Members - _____

Does a member of the School Board serve (*ex-officio*)
on the Pastoral Council and Finance Council? Yes No

Written Minutes available? Yes No

Number of students: Pre K thru Grade 7 _____

Number of Faculty/Staff _____

Others (Specify): _____

General assessment of the school:

Finance Council

Financial Information

Average monthly income _____

Average monthly expenses _____

Monthly Assessment _____ Paid to date: Yes No

Parish Debt to Archdiocese Yes No Amount _____

Parish Savings Yes No Amount _____

Subsidy from Archdiocese Yes No Amount _____

Last Audit by the Archdiocese Date: _____

List recommendations from Audit:

Date Finance Council Organized: _____

How often does the Finance Council meet?

Check One: Monthly Quarterly Semi-Annually Annually

Day and Time of Meetings: _____

Number of Members: Appointed - _____ Elected - _____ Discerned - _____

Voting Members- _____ Ex Officio _____

Does the Finance Council review the budget with the Pastor prior to approval?

Yes No

How often does the Finance Council review the total parish budget?

Check One: Monthly Quarterly Semi-Annually Annually Never

Written Minutes Available?

Yes No

Areas of strength and concerns:

FAITH FORMATION

Does the individual that directs religious education have a degree in theology, religious education, pastoral studies, or related field? Yes No

Is there a Faith Formation Committee: Yes No

Religious Education (students NOT in Catholic Schools):

Number of students: Pre-K thru Grade 7 _____

Grade 8 thru Grade 12 _____

Total Students _____

Number of teachers/aides: PreK – 7th Grade _____ 8th Grade – 12th Grade _____

Number participating in Confirmation Program _____

Number participating in Young Adult Ministry _____

Number participating in Continuing Adult Faith Formation _____

Number participating in Youth Ministry Programs _____

Number participating in Youth (7-17) RCIA program _____

Number participating in Adult (18 +) RCIA program _____

Total number participating in RCIA program _____

Does the DRE/PCL or another member of the Faith Formation Committee serve (ex-officio) on the School Board and Pastoral Council? Yes No

General assessment of the Religious Education Program:

Special Institutions

Do you have pastoral responsibility for a Hospital, Senior Residence, Nursing Home, Correctional Institutions or any other special institution within your parish boundary? Yes No

List name, identify type of facility and services rendered:

SACRAMENTS (November 1, 2018, through October 31, 2019)

Baptisms

Newborn-1 year _____
Infant (1-6 years) _____
Children (7 – 17) _____
Adults (18+) _____

Hours of English Masses

Vigil _____
Sundays _____
Weekdays _____

Reception into Full Communion

Children (7-17) _____
Adults (18+) _____

Hours of Spanish Masses

Vigil _____
Sundays _____
Weekdays _____

Confirmation

Infants (to age 7) _____
Children (7-17) _____
Adults (18+) _____

Hours of Vietnamese Masses

Vigil _____
Sundays _____
Weekdays _____

Total Confirmed _____

First Confessions

First Communion

Weddings

Catholic _____
Mixed _____
Total _____

Hours of other non-English Masses

(Please indicate time & language)

Christian Burials

Number of communal Anointing Liturgies

Number of communal Penance Services

Children _____

Adults _____

Days & Hours of Confessions _____

RCIA: (7-17 years of age) _____ (18 +) _____

Regular Parish Devotions (including Name of the Devotion, Day and Time)



For the People of God, to the best of my ability the information contained in this report is accurate:

Name of person filling out this form: _____

Pastor, please check this box () after reviewing report. Date: _____

Please email to: 1) planningandministries@arch-no.org (Pastoral Planning & Ministries Office)

AND

2) Local Dean