



**DIOCESE OF VICTORIA IN TEXAS  
VICAR FORANE PARISH VISITATION FORM**

PARISH \_\_\_\_\_ CITY \_\_\_\_\_

PASTOR \_\_\_\_\_

DATE \_\_\_\_\_

DEAN \_\_\_\_\_ DEANERY \_\_\_\_\_

**RECORDS**

*The dean is to carefully inspect each page of the sacramental registers, since the last parish visitation. He is to sign the registers at the end of the latest entry.*

	<u>COMPLETE</u>	<u>INCOMPLETE</u>
Baptism	_____	_____
Profession of Faith (optional)	_____	_____
First Communion	_____	_____
Confirmation	_____	_____
Marriage	_____	_____
Death Register	_____	_____
Mass Intentions Register	_____	_____

If any records are incomplete, have arrangements been made to correct the situation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are the Sacramental Record Registers stored in a location that is:

\_\_\_\_\_ Locked?          \_\_\_\_\_ Fireproof?          \_\_\_\_\_ Water-damage protected?

Does the parish have the latest version of the Diocesan Policy Manual(s)? Yes\_\_\_ No\_\_\_

**PHYSICAL PLANT**

*The dean is to make visual observations regarding the state of the parish buildings and facilities, without making a formal examination of them.*

Do the parish buildings appear to be properly maintained? Yes\_\_\_ No\_\_\_

Are there any structural problems that need to be addressed, such as roofs, foundations, painting, etc.? Yes\_\_\_ No\_\_\_

If YES, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are the buildings and grounds maintained in a clean and orderly manner? Yes\_\_\_ No\_\_\_

Are the sanctuary and sacristy clean? Yes\_\_\_ No\_\_\_

Are the living conditions for the priests adequate and comfortable? Yes\_\_\_ No\_\_\_

Are there any plans for remodeling, improvement or expansion? Yes\_\_\_ No\_\_\_

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_

*The Dean should feel free to give a report that goes far beyond these formal questions and provide the diocese with an objective evaluation of the overall condition of the parish, plus the date of your visitation or any special problems encountered or if you have any suggestions to the diocese regarding this parish.*

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Signature of Dean

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Date

*When completed, a copy of this report is to be submitted to the Bishop, for review, and to the Chancellor, for filing.*



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**PERSONAL INTERVIEW WITH THE PASTOR**

Pastor's Name: \_\_\_\_\_

Do you have the following required documents on file with the Chancery Office?

Last Will & Testament Yes\_\_\_\_ No\_\_\_\_

Directive to Physicians (a Living Will) Yes\_\_\_\_ No\_\_\_\_

Medical Power of Attorney (someone to deal  
with your medical condition if you are unable  
to make decisions) Yes\_\_\_\_ No\_\_\_\_

Instructions for Funeral Yes\_\_\_\_ No\_\_\_\_

Do you have an inventory of your personal possessions that are in the rectory? Yes\_\_\_\_ No\_\_\_\_

In what year was your last physical examination? \_\_\_\_\_

When was your last retreat? \_\_\_\_\_ Where? \_\_\_\_\_

Do you have a regular day off? Yes\_\_\_\_ No\_\_\_\_

Do you attend deanery meetings? Yes\_\_\_\_ No\_\_\_\_

Do you attend continuing education seminars for priests? Yes\_\_\_\_ No\_\_\_\_

Do you attend spiritual direction sessions? Yes\_\_\_\_ No\_\_\_\_

If you have a parochial vicar, how would you describe the working relationship between the two of you?

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Signature of Dean

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Date



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**PERSONAL INTERVIEW WITH THE PAROCHIAL VICAR**

Parochial Vicar's Name: \_\_\_\_\_

Do you have the following required documents on file with the Pastoral Center?

Last Will & Testament                      Yes\_\_\_\_      No\_\_\_\_

Directive to Physicians                      Yes\_\_\_\_      No\_\_\_\_

Medical Power of Attorney  
(someone to deal with your  
medical condition if you are  
unable to make decisions)                      Yes\_\_\_\_      No\_\_\_\_

Instructions for Your Funeral                      Yes\_\_\_\_      No\_\_\_\_

Do you have an inventory of your personal possessions that are in the rectory? Yes\_\_\_\_No\_\_\_\_

In what year was your last physical examination? \_\_\_\_\_

When was your last retreat? \_\_\_\_\_ Where? \_\_\_\_\_

Do you have a regular day off?      Yes\_\_\_\_      No\_\_\_\_

Do you attend deanery meetings?      Yes\_\_\_\_      No\_\_\_\_

Do you attend continuing education for priests?      Yes\_\_\_\_      No\_\_\_\_

Do you attend spiritual direction sessions?      Yes\_\_\_\_      No\_\_\_\_

How would you describe the working relationship between you and the pastor?

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Signature of Dean

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Date