

**ANNUAL PASTORAL REPORT  
2017**

**DUE: November 15, 2017**

**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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Estimated Number of all Catholic Households: \_\_\_\_\_

Number of Registered Catholic Households: \_\_\_\_\_

Ethnic Background of Catholic population (estimated)

African American \_\_\_\_\_% Hispanic \_\_\_\_\_%

Caucasian \_\_\_\_\_% Asian-Pacific \_\_\_\_\_%

Other (Specify) \_\_\_\_\_

Year of Last Census: \_\_\_\_\_

Missions: \_\_\_\_\_ Stations: \_\_\_\_\_ (Mass regularly celebrated other than Church)

Chapels: \_\_\_\_\_ Cemeteries: Parochial \_\_\_\_\_ Diocesan: \_\_\_\_\_

**General Condition of the Parish**

\_\_\_\_\_ Stable \_\_\_\_\_ Growing \_\_\_\_\_ Declining

Areas of Parish needing improvements:

**Physical Condition of the Parish Plant:**

Church: Date Built \_\_\_\_\_ Other facilities: Identify & Comment  
Comment

Rectory: Date Built \_\_\_\_\_  
Comment

School: Date Built \_\_\_\_\_  
Comment

**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
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**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
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**First Communion Register:**

+All notations complete	Yes	No
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**Mass Stipend Book**

+ <i>Pro Populo Mass</i> weekly	Yes	No
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**Book of the Elect**

Yes	No
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**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**



**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: \_\_\_\_\_

Circle One:

How often does the Finance Council meet? 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? Circle One: Monthly Quarterly Semi-Annually Annually Never

Written Minutes Available? Yes No

Areas of strength and concerns:

**Faith Formation**

Is the coordinator a Director of Religious Education (has a master’s degree) or a Parish Catechetical Leader (all others) \_\_\_\_\_

Is there a Faith Formation Committee: Yes No

Religious Education:

Number of students: Pre-K thru Grade 7 \_\_\_\_\_  
Grade 8 thru Grade 12 \_\_\_\_\_

Number of teachers/aides: PreK – 7<sup>th</sup> Grade \_\_\_\_\_ 8<sup>th</sup> Grade – 12<sup>th</sup> Grade \_\_\_\_\_

Number participating in Confirmation Program \_\_\_\_\_

Number participating in Young Adult Ministry \_\_\_\_\_

Number participating in Continuing Adult Faith Formation \_\_\_\_\_

Number participating in RCIA program \_\_\_\_\_

Number participating in Youth Ministry Programs \_\_\_\_\_

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:

**School Board** (If applicable)

Date School Board Organized: \_\_\_\_\_

Religious Community Teaching in the school: \_\_\_\_\_

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

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

Number of Members: Appointed - \_\_\_\_\_ Elected - \_\_\_\_\_ Discerned - \_\_\_\_\_

Voting Members - \_\_\_\_\_ ExOfficio 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:

**Synod:** Please list your parish Coordinators:

Parish Synod Implementation Coordinator:  
Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Parish Vocation Coordinator:  
Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Parish Family Life Coordinator:  
Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Parish Social Justice Coordinator:  
Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Parish Evangelization Coordinator:  
Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**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 Liturgical Life** (November 1, 2016, through October 31, 2017)

**Baptisms**

Infant (to age 7) \_\_\_\_\_  
 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 \_\_\_\_\_

**Total Confirmed** \_\_\_\_\_

**First Confessions**

\_\_\_\_\_

Sundays \_\_\_\_\_

**First Communion**

\_\_\_\_\_

\_\_\_\_\_

**Weddings**

Weekdays \_\_\_\_\_

Catholic \_\_\_\_\_  
 Mixed \_\_\_\_\_

**Hours of other non-English Masses**  
 (Please indicate time & language)

\_\_\_\_\_

**Christian Burials**

\_\_\_\_\_

\_\_\_\_\_



**Number of communal Anointing Liturgies** \_\_\_\_\_

**Percentage Receiving Communion** \_\_\_\_\_

**Number of communal Penance Services**

**Number of Extraordinary Ministers of the Eucharist:** \_\_\_\_\_

Children \_\_\_\_\_

**Average Daily Mass attendance** \_\_\_\_\_

Adults \_\_\_\_\_

**Number of School Masses (per month)** \_\_\_\_\_

**Days & Hours of Confessions** \_\_\_\_\_

**RCIA:** Youth \_\_\_\_\_ Adults \_\_\_\_\_

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

**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:

## Mass Attendance Count

This is an actual count of every adult and child in church to be taken on two weekends in October and/or November and *averaged*. The recommended time of count is the Offertory.

Date of first weekend: \_\_\_\_\_ Date of second weekend: \_\_\_\_\_

Record average attendance below; put N/A if not applicable.

	Time of Mass	Averaged count at this Mass
English Mass #1		
English Mass #2		
English Mass #3		
English Mass #4		
English Mass #5		
English Mass #6		
English Mass #7		
Spanish Mass #1		
Spanish Mass #2		
Spanish Mass #3		
Vietnamese Mass #1		
Vietnamese Mass #2		
Vietnamese Mass #3		
Vietnamese Mass #4		
Filipino Mass		
Latin Mass		
Portuguese Mass		
<b>TOTAL ATTENDANCE</b>	→ → → → →	

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](mailto:planningandministries@arch-no.org) (Pastoral Planning & Ministries Office) and  
2) Local Dean