ANNUAL STATISTICAL REPORT
DIOCESE OF COVINGTON

Parish Name: _____

City: _____,KY

January 1, to December 31,

To be made in duplicate, one copy for the parish archives, the other to be submitted to the Chancery before February 1 of the current year with a transcript of Baptism, Confirmation, Marriage and Funeral records.

CHURCH REPORT

1. Pastor/Administrator/Collaborator:

   Address . Phone

2. Parochial Vicar and/or Priests in residence:

3. Hours of Obligation Masses:

   Saturday Evening: Sunday:

   Eve of Holy Day: Holy Day:

   Summer Mass Times: (If summer schedule differs)

   Saturday Evening: Sunday:

   Eve of Holy Day: Holy Day:

4. Names/locations of Missions, if any:

   Regular hours of Mass in each:

5. Is there an up-to-date register kept of Mass intentions?

Number of stipends on hand:

6. Is there a special bank account for Mass stipends?

In what bank?

7. How many founded Masses in parish? Are they listed and posted in Sacristy?

How are funds invested?

Has obligation for past year been satisfied?

Year

PARISH STATISTICS

Parish Name: _____ City: _____

Number of Households:

Catholic: _____

Mixed: _____

Total Households: _____

Number of Individuals:

Practicing: _____

Lapsed: _____

Total Individuals: _____

Baptisms (including Easter Vigil):

1 year or less: _____

1 to 7 years: _____

Over 7 years: _____

Total Baptisms: _____

Note: This number must match the number of individuals on the Baptismal Register sacramental report.

First Communions: _____

Confirmations:

By the Bishop (or a priest delegated by him): _____
(Parish confirmation class)

By parish clergy:

After Baptism or entrance into church by Profession of Faith (OCIA): _____

In danger of death: _____

Total confirmed by parish clergy: _____

Total Confirmations (Bishop + parish clergy): _____

Note: This number must match the number of individuals on the Confirmation Register sacramental report.

Converts received into full communion with the Church by *profession of faith* (not baptism): _____

Note: This number must match the number of individuals on the "Baptized Christians Received into Full Communion with the Catholic Church*" sacramental report.*

Marriages:

Catholic: _____

Mixed: _____

Total Marriages: _____

Note: This number must match the number of individuals on the Matrimonial Register sacramental report.

Deaths:

Adults: _____

Infants: _____

Total Deaths: _____

Note: This number must match the number of individuals on the Death Register sacramental report.

PARISH STATISTICS – Page 2

Parish Name: _____ City: _____

1. Is the Parish Census up to date? _____
2. Do you have an up-to-date Baptismal, First Communion, Confirmation and Death register? No
3. Do you have a special file in good order for all pre-marital investigations and marriage case papers?

   _____
4. Are all official diocesan papers and correspondence kept in order in a steel file? _____
5. Is a regular course of instructions given each year for prospective converts? _____
6. Does the parish have an OCIA program? _____
7. Is the non-Catholic party to a mixed marriage given the instructions prescribed by diocesan policy?

   _____
8. Do you have a St. Vincent de Paul Society? _____
9. List sodalities and confraternities in your parish and the number of members of each:

For Men		For Women	
Name of Organization	Number of Members	Name of organization	Number of Members

12. Do the children from Parochial Schools and the children in CCD classes celebrate their first Sacraments together?

13. Do you have sacramental preparation classes for the parents of children receiving Sacraments for the first time?

    Are the parents of children in Parochial School and the parents of children in the CCD program invited together to the same parent preparation classes?

14. Do you have a local Board of Total Catholic Education (cf. Policy, April 1982)

15. Do you have the services of a professional DRE/CRE?

16. Is there an Adult Education Program in your parish?

PERSONAL INVENTORY

NAME:

NAME OF PARISH:

DATE:

List the location of your will and name of executor:
Is there a copy of your will in the Chancery Office?

List your personal effects. Everything in parish buildings not enumerated here will be considered parish property.

HISTORICAL DATA

Please state briefly any historical data of this parish since last year, viz., clergy changes, cost and description of buildings, improvements, dedications, blessings, anniversaries, and other items deemed worthy of record, giving dates.

NAME OF PARISH:

DATE:

SIGNED:_____
Pastor/Administrator/ Collaborator

PARISH CHAIRPERSONS

Parish Name:
City: KY

January

Chairperson of Parish Council	
Name:	
Address:	
Expiration Month:	Year:
Chairperson of Parish Liturgical Committee	
Name:	
Address:	
Expiration Month:	Year:
Person in Charge of Liturgical Music	
Name:	
Address:	
Expiration Month:	Year:
Chairperson of Board of Catholic Education	
Name:	
Address:	
Expiration Month:	Year:
Chairperson of Finance Committee	
Name:	
Address:	
Expiration Month:	Year:
Person in Charge of Youth Activities	
Name:	
Address:	
Name:	
Address:	
Persons in Charge of Scouting	
Name:	
Address:	
Name:	
Address:	
Persons with Special Competence who may be able to serve on Diocesan Committees	
Name:	
Address:	
Field of Expertise:	

PARISH CHAIRPERSONS

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Persons with Special Competence who may be able to serve on Diocesan Committees	
Name:	
Address:	
Field of Expertise:	
Name:	
Address:	
Field of Expertise:	
Name:	
Address:	
Expertise:	
Name:	
Address:	
Expertise:	
Name:	
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Expertise:	
Name:	
Address:	
Expertise:	
Name:	
Address:	
Expertise:	
Name:	
Address:	
Expertise:	

Diocese of Covington

PAID EMPLOYEES

As of December 31,

Please list **ALL** of your **PAID** employees. Use a separate sheet of paper if necessary. Please **TYPE** the full name of the person and the title of each for your parish /school and /or institution. It does not matter if the person is part time or full time. Please return this form to the Chancery**. Be sure to include the names of any cafeteria employees, substitutes teachers, and maintenance employees working at your location.** Thank you.

Name of Parish/School/Institution:

City:

Name of Person providing this information:

Date:

Please list employee information below.

NAME	**TITLE**

Diocese of Covington

PAID EMPLOYEES - Continued

As of December 31,

** Only complete this page if you need more room from the prior page **

Name of Parish/School/Institution:

City:

Name of Person providing this information:

Date:

Please list employee information below.

NAME	TITLE

Diocese of Covington

COACHES

As of December 31,

Please list **ALL** of your **PAID** and **VOLUNTEER** COACHES. Please **TYPE** the full name of the person and the title of each for your parish and school. It does not matter if the person is part time or full time. It does not matter if the coach is not currently coaching. Please keep the list in your computer so each year you will just need to update. Please return this form to the Chancery. Thank you.

Name of Parish/School/Institution:

City:

Name of Person providing this information:

Date:

NAME	TITLE	Elem or Secondary?