

The Diocese of Quincy

VICAR'S MONTHLY REPORT FORM

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Mission _____ Month Ending _____

Address _____

Name of Vicar _____

Phone _____ FAX _____ E-mail _____

Schedule Liturgical Services (Date, type, attendance):

Private communions (number):

Other Liturgical Acts (Date, type, attendance):

Pastoral Contacts (Calls & Hospital, home visits, office appointments, telephone contact, etc.)

NOTE: To be completed during the first year of appointment at a Mission regardless of years in Ministry.

Mission Finances:

Beginning Balances: \$ _____ . _____ Ending Balances: \$ _____ . _____

Vicar's Signature _____ Date _____

*Complete and return report to reach the Diocesan Office by the 15th of each month. Send a copy of report to the Regional Dean.
Include copies of monthly Bishop's Committee Meeting Minutes and copies of Treasurer's monthly report.