



**CATHOLIC DIOCESE OF JACKSON**  
**STATE OF THE PARISH REPORT (Status Animarum)**  
**JULY 1, 2018 - JUNE 30, 2019**



Please complete a separate report for each parish and mission. After you have completed this report, **please sign and send the original** to the Chancellor's office **no later than August 31, 2019**. (A copy of this report will be kept on file in the Diocesan Archives.) The original will be signed by the Bishop and sent back to you for your office copy.

**Parish/Mission:**

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**City:**

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**Street Address:**

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**Mailing Address:**

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**City, Zip:**

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**Mailing City, Zip:**

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**Phone 1:**

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**Phone 2:**

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**Fax:**

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**Website Address:**

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**Parish E-Mail:**

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**Secretary's E-Mail:**

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**Pastor:**

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**Pastor's E-Mail:**

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**Parochial Vicar (Associate Pastor):**

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**Parochial Vicar's E-Mail:**

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**Deacon:**

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**Deacon's Phone/E-Mail:**

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**Deacon:**

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**Deacon's Phone/E-Mail:**

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**Full-Time Parish Ministers:**

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**Phone/E-Mail:**

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**Part-Time Parish Ministers:**

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**Phone/E-Mail:**

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Parish/Mission:

City:

**STATISTICAL REPORT**  
**for fiscal year JULY 1, 2018 - JUNE 30, 2019**  
**Due August 31, 2019**

**PARISH MEMBERSHIP**

(PLEASE NOTE: Do not include Mission statistics here. Complete separate report at the bottom of this page for Mission Membership.)

Registered Catholic <u>Individuals</u>	African-American	Native American	White
	Latino	Other (specify)	Total
Registered Catholic <u>Households</u>	African-American	Native American	White
	Latino	Other (specify)	Total
(Estimated) Unregistered Catholic <u>Households</u>	Primary language - English	Primary language - Spanish	Total
	Other (specify)		

**MISSION MEMBERSHIP**

Registered Catholic <u>Individuals</u>	African-American	Native American	White
	Latino	Other (specify)	Total
Registered Catholic <u>Households</u>	African-American	Native American	White
	Latino	Other (specify)	Total
(Estimated) Unregistered Catholic <u>Households</u>	Primary language - English	Primary language - Spanish	Total
	Other (specify)		

Parish/Mission:

City:

<b>SACRAMENTS</b>				
(Please indicate the numbers for each category listed)				
Baptisms: (by age group)	Infant (up to age 7)	Minor (age 7-17)	Adult (18 & older)	Total
First Communion:	Confirmations:	Baptized persons received into Full Communion (Profession of Faith, Confirmation, Eucharist)		
Marriages:	Catholic	Inter-religious	Total	How many were validations?
Deaths:				

<b>Sacramental Preparation</b>			
	# of Participants	Parent Preparation Program	Curriculum Series / Text
Baptism		Yes <input type="checkbox"/> No <input type="checkbox"/>	
1 <sup>st</sup> Reconciliation		Yes <input type="checkbox"/> No <input type="checkbox"/>	
1 <sup>st</sup> Communion		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Confirmation		Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>RITE of CHRISTIAN INITIATION</b>	
	Participation
Number of RCIA Team Members	
Number of Adult Catechumens	
Number of Children Catechumens	
Number of Adult Candidates	
Number of Children Candidates	
Number of Persons Initiated in Easter/Pentecost 2017	
Ongoing Initiation (active 12 month program)	Yes <input type="checkbox"/> No <input type="checkbox"/>
School Calendar Initiation (September – Pentecost)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Parish/Mission:

City:

Parish Religious Education Programs				
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	# of Students	# of Catechists	Day/Time of Program	Curriculum Series / Text
Preschool (ages 3 & 4)				
Kindergarten – Grade 6				
Grades 7 & 8				
Grades 9-12				
Special Needs				
Total in PSR				

Parish Children				
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	# attending Catholic School	# attending Public Schools	# attending Private Schools	# in Home School Program
Preschool (ages 3 & 4)				
Kindergarten – Grade 6				
Grades 7 & 8				
Grades 9-12				
<b>Total</b>				

Youth Ministry				
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	# of Youth participating	# of Youth Advisors	Day/Time of Program	Total Youth Ministry or Separate CYM and PSR
Grades 7 & 8				
Grades 9-12				

Parish/Mission:

City:

**SAFE ENVIRONMENT / PROTECTION OF CHILDREN**

1. How many children in CCD have been trained using the Protection of Children Curriculum?  
\*If this number does not match the "Total Children of Parishioners in Parish Religious Education Programs", please explain why below and when/how any difference will be addressed.

2. How many **paid employees** have had the Jackson Diocese Protection of Children Training?

3. How many of these **paid employees** have received a copy of the "Protection of Children for Lay Church Personnel"?

4. How many of these **paid employees** have had a background check through the Diocese of Jackson?

5. How many **volunteers** have had the Jackson Diocese Protection of Children Training?

6. How many of these **volunteers** have received a copy of the "Protection of Children for Lay Church Personnel"?

7. How many of these **volunteers** have had a background check through the Diocese of Jackson?

8. Have the Pastor, DRE/Parish Coordinator and Youth Minister had the Jackson Diocese Protection of Children Training?  
\*If "No", please explain below who has not received training and when he/she will receive training.

Yes  No

9. Please indicate the name of the person responsible for compiling the above Protection of Children data:

I have reviewed this State of the Parish report, and, to the best of my knowledge, this is an accurate account of the activities and state of my parish/mission.

SIGNED:

\_\_\_\_\_  
Pastor / Lay Ecclesial Minister

DATE: \_\_\_\_\_

\_\_\_\_\_  
Parish Finance Council Chair

DATE: \_\_\_\_\_

\_\_\_\_\_  
Parish Council President

DATE: \_\_\_\_\_

CHURCH SEAL

Received and Accepted,

\_\_\_\_\_  
Most Reverend Joseph R. Kopacz  
Diocese of Jackson

DATE: \_\_\_\_\_

Parish/Mission:

City:

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**MINISTRY ROLES – CONTACT INFORMATION – 2019-20**

**PARISH COUNCIL**

**FINANCE COUNCIL**

President/Chair		President/Chair	
Address		Address	
City/Zip		City/Zip	
Email		Email	
Telephone		Telephone	

**RELIGIOUS EDUCATION**

**ADULT FAITH FORMATION**

Contact Person		Contact Person	
Address		Address	
City/Zip		City/Zip	
Email		Email	
Telephone		Telephone	

**YOUTH MINISTRY (grades 7-8)**

**YOUTH MINISTRY (grades 9-12)**

Contact Person		Contact Person	
Address		Address	
City/Zip		City/Zip	
Email		Email	
Telephone		Telephone	

**BOY SCOUTS**

**CUB SCOUTS**

Contact Person		Contact Person	
Address		Address	
City/Zip		City/Zip	
Email		Email	
Telephone		Telephone	

**GIRL SCOUTS**

**YOUNG ADULT MINISTRY**

Contact Person		Contact Person	
Address		Address	
City/Zip		City/Zip	
Email		Email	
Telephone		Telephone	

**R.C.I.A.**

**FAMILY LIFE**

Contact Person		Contact Person	
Address		Address	
City/Zip		City/Zip	
Email		Email	
Telephone		Telephone	

Parish/Mission:

City:

**MINISTRY ROLES – CONTACT INFORMATION – 2019-20**

**LITURGY**

Contact Person		Contact Person	
Address		Address	
City/Zip		City/Zip	
Email		Email	
Telephone		Telephone	

**MUSIC**

**HISPANIC MINISTRY**

Contact Person		Contact Person	
Address		Address	
City/Zip		City/Zip	
Email		Email	
Telephone		Telephone	

**ECUMENISM/INTERFAITH**

**VOCATIONS**

Contact Person		Contact Person	
Address		Address	
City/Zip		City/Zip	
Email		Email	
Telephone		Telephone	

**EVANGELIZATION**

**COMMUNICATIONS / MS CATHOLIC**

Contact Person		Contact Person	
Address		Address	
City/Zip		City/Zip	
Email		Email	
Telephone		Telephone	

**SOCIAL CONCERNS/OUTREACH**

**ADVOCACY ISSUES**

*(Issues concerning consistent life ethic – womb to tomb)*

Contact Person		Contact Person	
Address		Address	
City/Zip		City/Zip	
Email		Email	
Telephone		Telephone	

**PRO-LIFE ISSUES**

*(If separate from advocacy person)*

**SENIOR ADULT MINISTRY**

Contact Person		Contact Person	
Address		Address	
City/Zip		City/Zip	
Email		Email	
Telephone		Telephone	

**HEALTH MINISTRY**