



# Parish (Mission) Profile

Diocese of Springfield-Cape Girardeau

\_\_\_\_\_  
*Name of Parish (Mission)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(Zip Code)*

\_\_\_\_\_  
*(Mailing Address)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(Zip Code)*

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Census Information

What is the Primary Language in your Parish: \_\_\_\_\_

What is the most prominent ethnic group "core group" in your Parish: \_\_\_\_\_

Demographic Group(s) in your Parish with significant needs: \_\_\_\_\_

## Social Economic Groups

Professional \_\_\_\_\_ %

Low-Income Wage Earners \_\_\_\_\_ %

Unemployed \_\_\_\_\_ %

Retired, Comfortable \_\_\_\_\_ %

Retired, Minimal Income \_\_\_\_\_ %

100%

## Pastoral Care to the Sick

Average monthly Anointing of the sick  
\_\_\_\_\_

Average monthly visits to the homebound  
\_\_\_\_\_

Average monthly visits to hospitalized parishioners  
\_\_\_\_\_

## Liturgy Schedules

Adoration Day/Time(s): \_\_\_\_\_

Confession Day/Time(s): \_\_\_\_\_

School Mass(es) (if applicable) Day/Time(s): \_\_\_\_\_

## Social Ministries

St. Vincent de Paul       Social Concerns Committee       Other: \_\_\_\_\_

### Social Concerns assistance provided:

Auto/Gas       Rent       Other Transportation       Food       Clothing

Prescriptions       Bus Tickets       Utilities

Other: \_\_\_\_\_

Is social concerns assistance increasing in your parish?       Yes       No

## Parish Personnel Resources: *Please Check All that Apply*

*\*For all that apply, please provide a name, email address, and phone number in the spaces provided*

*Pastor/Parochial Administrator*

*Pastoral Associate/Parochial Vicar*

<input type="checkbox"/> <i>Parish Life Coordinator</i>		
<input type="checkbox"/> <i>Religious Brother(s)</i>		
<input type="checkbox"/> <i>Religious Sister(s)</i>		
<input type="checkbox"/> <i>Permanent Deacon(s)</i>		
<input type="checkbox"/> <i>School Principal</i>		
<input type="checkbox"/> <i>Dir. of Religious Education (Pre-K - 6th)</i>		
<input type="checkbox"/> <i>Dir. Of Religious Education (7th-12th)</i>		
<input type="checkbox"/> <i>Dir. of Religious Education (Adults)</i>		
<input type="checkbox"/> <i>Coordinator of Religious Education</i>		
<input type="checkbox"/> <i>Youth Minister</i>		
<input type="checkbox"/> <i>RCIA Coordinator</i>		
<input type="checkbox"/> <i>Liturgy Director</i>		
<input type="checkbox"/> <i>Music Coordinator</i>		
<input type="checkbox"/> <i>Ethnic Coordinator</i>		
<input type="checkbox"/> <i>Business Manager</i>		
<input type="checkbox"/> <i>Office Manager</i>		
<input type="checkbox"/> <i>Bookkeeper</i>		

**Administrative Assistant**

**Bulletin Editor**

**Parish Pastoral Council President**

**Vocations Coordinator**

**Social Media Manager**

**PCCW Contact**

**Knights of Columbus Contact**

### **Communications, Media, & Technology**

Does your parish:

Have WiFi?                      Yes              No

Have a parish website?      Yes              No              Website address: \_\_\_\_\_

Use Social Media              Yes              No

If so, which platforms?     Facebook       Twitter       Instagram       YouTube

Livestream Masses?              Yes              No              If Yes, when? \_\_\_\_\_

Use Flocknote?              Yes              No

What is the local media source? (*Name of Radio Station, Newspaper, Etc*)

\_\_\_\_\_

### **Catholic Cemetery/Columbarium**

Does your parish have a Catholic cemetery?              Yes              No

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact: (*Name, email, phone number*) \_\_\_\_\_

Does your parish have a Columbarium?              Yes              No              # of niches: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact: (*Name, email, phone number*) \_\_\_\_\_

### **Hospitals & Prison Ministry**

Does your community have a hospital chaplain?              Yes              No

If yes, name of facility: \_\_\_\_\_

Contact information for chaplain: \_\_\_\_\_

Does your community have a prison/correctional center chaplain?              Yes              No

If yes, name of facility: \_\_\_\_\_

Contact information for chaplain: \_\_\_\_\_

**Pastor/Parochial Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_