

CENTRAL MACOMB VICARIATE COMMUNICATIONS

PARISH INFORMATION FORM

So that your parish may be served in the most effective manner, it is respectfully requested that the information requested herein be furnished in the spaces provided. If necessary, please use additional pages. Please **PRINT clearly in black ink** all information. If a certain function does not apply to your parish, please print "NONE." Whenever any information listed herein is modified in the future, please remember to send those changes to Central Macomb Vicariate Communications. This enables your posted parish information to remain current for all the world to see, support and pray for! Thanks very much and be blessed!

Please scan completed document into your computer and email to goodnews@cmvic.net. Thanks!

PRINTED NAME OF PERSON AUTHORIZED TO SUBMIT THIS INFO _____

CONTACT INFORMATION

PARISH NAME _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

CITY _____ ZIP CODE _____

PHONE (w/AREA CODE) _____ FAX _____

EMAIL _____

WEBSITE _____

PARISH STAFF (Name/Phone with Extension #/Email Address/Etc)

PASTOR/ADMINISTRATOR _____

ASSOCIATE PASTOR _____

DEACON _____

PASTORAL ASSOCIATE _____

BUSINESS/OFFICE MANAGER _____

SECRETARY _____

D R E _____

MUSIC DIRECTOR _____

OTHER (SPECIFY) _____

OTHER (SPECIFY) _____

PARISH ACTIVITIES

(please list day of week, time, location— ex: Tuesdays/4 pm/Chapel)

DAILY MASS TIMES _____

WEEKEND MASS TIMES _____

RECONCILIATION _____

ANOINTING OF THE SICK _____

BIBLE STUDIES _____

PRAYER GROUPS _____

ROSARY _____

EUCH ADORATION _____

DIVINE MERCY _____

PERPETUAL HELP _____

NOVENA _____

OTHER (specify) _____

OTHER (specify) _____

OTHER (specify) _____

OTHER (specify) _____

SENIORS _____

COUPLES _____

MEN _____

WOMEN _____

YOUTH _____

ADULT FAITH _____

KNIGHTS OF COLUMBUS _____

OTHER (specify) _____

OTHER (specify) _____

OTHER (specify) _____

OTHER (specify) _____

OTHER (specify) _____

