



DEACON ANNUAL MINISTRY REPORT

Deacon Name _____ Cellular Phone _____

Address _____ City _____ State _____ Zip _____

Email _____ Home Phone _____

Parish _____ City _____ Pastor/Supervisor _____

The Annual Ministry Report form must be completed by all deacons, including those who are *retired*. The deacon will provide an overview of his ministry over the past year. The form should be submitted alongside the Ministry Agreement. The deacon and the pastor (or supervisor) are required to sign this form. To maintain good standing, it is essential to return this form to Diaconal Ministry.

Ministry of the Word

1. Give homilies at Sunday Mass? Yes ☐ No ☐ At daily liturgies? Yes ☐ No ☐
2. Work with the RCIA? Yes ☐ No ☐ If so, in what capacity? _____
3. Work with adult formation/education? Yes ☐ No ☐ If so, in what capacity? _____

4. Work with Catechetical Program/Youth? Yes ☐ No ☐ If so, in what capacity? _____

5. Work with Marriage Preparation? Yes ☐ No ☐ If so, in what capacity? _____

6. Work with Baptismal Preparation? Yes ☐ No ☐ If so, in what capacity? _____

7. Work with Confirmation Preparation? Yes ☐ No ☐ If so, in what capacity? _____

8. Work with Retreats and Renewal Programs? Yes ☐ No ☐ If so, in what capacity? _____

Ministry of the Liturgy

1. Assist regularly at Eucharist? Yes ☐ No ☐

2. Baptize regularly? Yes ☐ No ☐

3. Witness marriages regularly? Yes ☐ No ☐

4. Preside at Funerals, Vigils, or Burials regularly? Yes ☐ No ☐

5. Preside at other liturgical services? If so, what types of liturgies? _____

Ministry of Charity

1. Engaged in campus ministry? Yes ☐ No ☐

2. Engaged in ministry to immigrants or refugees? Yes ☐ No ☐

3. Engaged in ministry to the deaf, blind, disabled? Yes ☐ No ☐

4. Engaged in ministry to battered women and children? Yes ☐ No ☐

5. Engaged in ministry to the poor, homeless, and hungry? Yes ☐ No ☐

6. Engaged in ministry to sick and dying in hospitals (and nursing homes)? Yes ☐ No ☐

7. Engaged in ministry to the elderly? Yes ☐ No ☐

8. Engaged in Advocacy of Social Justice and Peace? Yes ☐ No ☐

9. Engaged in ministry in prisons and halfway houses? Yes ☐ No ☐

10. Engaged in working with annulments? Yes ☐ No ☐

11. Engaged in parish administration? Yes ☐ No ☐

Personal Information

1. Do you speak a language in addition to English? Yes ☐ No ☐ If so, what? _____

Are you utilizing it in Ministry? Yes ☐ No ☐

2. How many hours each week do you spend in diaconal ministry? _____

3. Are you satisfied with your ministry? Yes ☐ No ☐ If no, please explain. *(Confidential)* _____

4. When was your last retreat? _____ (MM/DD) Where? _____

Do you meet with a spiritual director regularly? Yes ☐ No ☐ How often? _____

Do you desire or are you available to be transferred to another assignment? Yes ☐ No ☐

5. What phone number would you like listed in the Archdiocesan Directory? _____

6. Please list continuing education you have participated in this past year. (Classes, workshops, seminars, ...) _____

Signature of Deacon

Date

Signature of Pastor/Supervisor

Date

Recognition by Director of Diaconal Ministry

Date