



## 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.

Please use page 4 if you need additional space to answer any question or if there is any additional information you would like to report.

### 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

### **Supplemental Information**

Please include any additional responses to the above questions here.