

Weekend Mass Count Sheet

Parish Name: _____

City: _____

Archbishop Coakley requests that each person be counted at all the Masses at every parish and mission twice a year. Counts are to be taken the last three weekends of October and April. Please record counts on this form, Mass times, name and location of Mission (if applicable) and number of people attending in the space provided. Circle the language used at that particular Mass (E=English; S=Spanish; V=Vietnamese; O=Other). Please fax or scan and email this sheet to the Office of the Archbishop as soon as it is completed: EMAIL: rlewis@archokc.org Fax: 405-720-2254

Due Date: Friday, May 5

Thank you

APRIL 15-16, 2017

Mass Time: _____ E S V O Count: _____

Mass Time: _____ E S V O Count: _____

Mass Time: _____ E S V O Count: _____

Mass Time: _____ E S V O Count: _____

Mass Time: _____ E S V O Count: _____

Mass Time: _____ E S V O Count: _____

Mass Time: _____ E S V O Count: _____

Mission Name/City: _____

Mass Time: _____ E S V O Count: _____

Mission Name/City: _____

Mass Time: _____ E S V O Count: _____

Mission Name/City: _____

Mass Time: _____ E S V O Count: _____

APRIL 22-23, 2017

Mass Time: _____ E S V O Count: _____

Mass Time: _____ E S V O Count: _____

Mass Time: _____ E S V O Count: _____

Mass Time: _____ E S V O Count: _____

Mass Time: _____ E S V O Count: _____

Mass Time: _____ E S V O Count: _____

Mass Time: _____ E S V O Count: _____

Mission Name/City: _____

Mass Time: _____ E S V O Count: _____

Mission Name/City: _____

Mass Time: _____ E S V O Count: _____

Mission Name/City: _____

Mass Time: _____ E S V O Count: _____

APRIL 29-30

Mass Time: _____ E S V O Count: _____

Mass Time: _____ E S V O Count: _____

Mass Time: _____ E S V O Count: _____

Mass Time: _____ E S V O Count: _____

Mass Time: _____ E S V O Count: _____

Mass Time: _____ E S V O Count: _____

Mass Time: _____ E S V O Count: _____

Mission Name/City: _____

Mass Time: _____ E S V O Count: _____

Mission Name/City: _____

Mass Time: _____ E S V O Count: _____

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Mass Time: _____ E S V O Count: _____