



Diocese of Owensboro

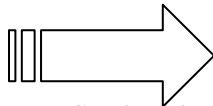
McRaith Catholic Center
Office of Chancellor and Chief Administrative Officer

SEPTEMBER WEEK-END MASS ATTENDANCE 2019

Parish: _____

City: _____

(PLEASE LIST MASS TIMES BELOW)

Date:	Saturday _____ p.m.	Sunday a.m. Mass Times _____ _____ _____			Sunday _____ p.m.	Total:
Sept. 1 & 2						
Sept. 8 & 9						
Sept. 15 & 16						
Sept. 22 & 23						
Sept. 29 & 30						
PLEASE COUNT ALL PRESENT, INCLUDING CHILDREN & INFANTS					 Grand Total:	

1. Grand Total (of all five week-ends): _____
2. Weekly Average (grand total divided by five): _____
3. Total Number of *Registered* Parishioners (*Number of individuals not families*): _____
4. Percent of Registered Parishioners Attending Mass: _____
(Divide the weekly average [2] by number of parishioners [3])

PLEASE RETURN THIS FORM TO CATHY HAGAN, 600 LOCUST STREET, OWENSBORO KY 42301, BEFORE OCTOBER 12th OR EMAIL to: cathy.hagan@pastoral.org

(This form can be found online at <https://owensborodiocese.org/diocesan-forms/> under "Parish" listing.