

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 email the completed form to the Office of the Archbishop as soon as it is completed:

EMAIL: rlewis@archokc.org

Due Date: Friday, May 10

Thank you

APRIL 13-14, 2019

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 20-21, 2019

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 27-28, 2019

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: _____